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ANNUAL REPORT
OF THE
DEPARTMENT OF HEALTH



TO THE
GOVERNOR OF MONTANA
HONORABLE FORREST H. ANDERSON

FOR THE
FISCAL YEAR ENDED
June 30, 1970

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JOHN S. ANDERSON, M.D.
EXECUTIVE OFFICER

State of Montana

State Department of Health

HELENA, MONTANA
July 22, 1970

The Honorable Forrest H. Anderson
Governor
State of Montana
Helena, Montana 59601

Dear Governor Anderson:

In accordance with the requirements of Section 82-4002, R.C.M. 1947, there is herewith transmitted to you the report of the State Department of Health covering the fiscal year ended June 30, 1970.

The Department of Health has received the most attention for its activities in environmental health. Progress is chiefly limited by lack of sufficient staff, and we are recommending increased appropriations to match the public desire for an improved environment. The industrial hygiene act needs to be revised to make enforcement of regulations possible. Comprehensive health planning is identifying health problems and offering solutions. We will continue to promote family planning services as one of our high priorities. The above are only examples of programs that are described in this report. We welcome suggestions that will improve our effectiveness to the people of Montana.

Respectfully submitted,

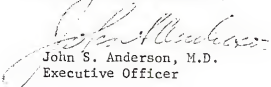
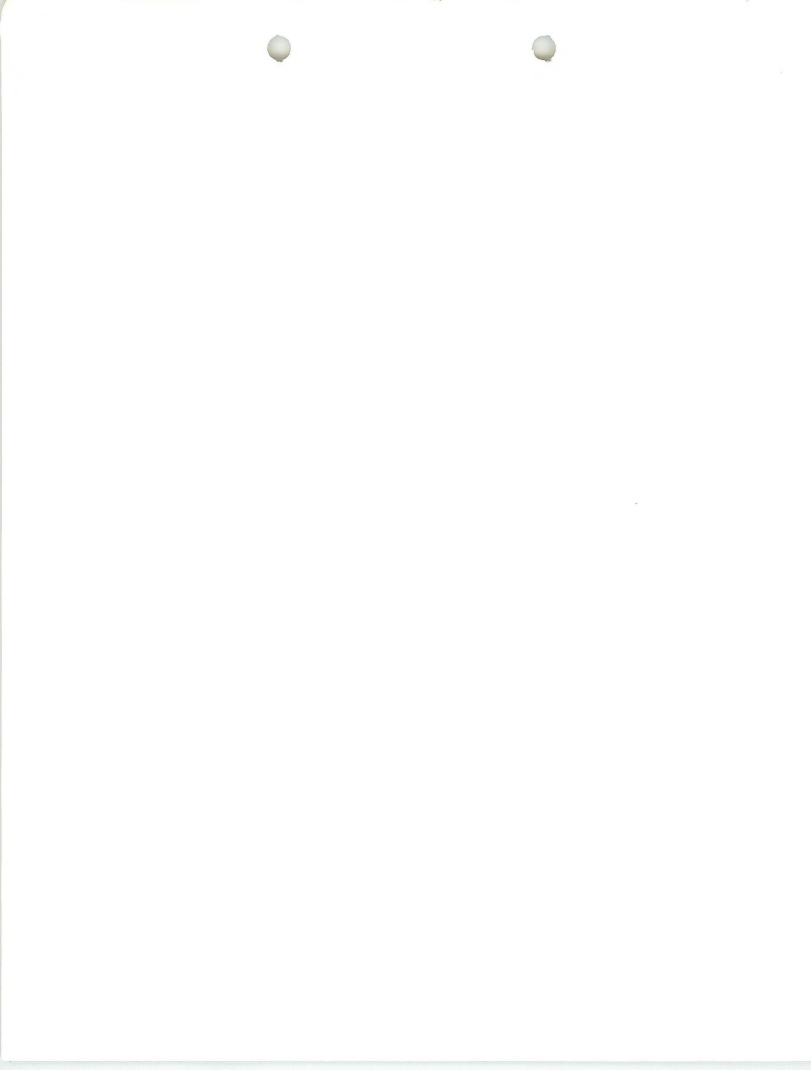

John S. Anderson, M.D.
Executive Officer



TABLE OF CONTENTS

	<u>PAGE</u>
Principal Offices and Officers.....	4-1
<u>General Review:</u>	
Legal References.....	5-1 - 3
Principal Goals.....	6-1
Program Inventory and Cost Summary.....	7-1
Major Accomplishments.....	8-1 - 4
Major Recommendations.....	9-1 - 33
<u>Detailed Review:</u>	
Analysis of Programs.....	10-1 - 35
Services Provided; Objectives; Target Groups; Achievements; and Cost and Performance Summary	
Financial Recap.....	11-1 - 9



PRINCIPAL OFFICES AND OFFICERS

STATE DEPARTMENT OF HEALTH

Fiscal 69-70

OFFICER TERM OF OFFICE	HOME ADDRESS
Mrs. O. H. Mann, President 1961 -- 1972	P.O. Box 945, Missoula
R. D. Knapp, M.D., Vice President 1961 -- 1971	Wolf Point
Richard C. Ritter, D.D.S. 1969 -- 1976	P.O. Box 1170, Bozeman
Mr. John W. Bartlett 1969 -- 1974	P.O. Box 788, Whitefish
George H. Gould, M.D. 1964 -- 1973	Sunset & Nevada, Kalispell
Edwin C. Segard, M.D. 1966 -- 1970	Billings Deaconess Hospital, Billings
Mrs. John C. Sheehy 1969 -- 1975	1041 Poly Drive, Billings

PRINCIPAL ADMINISTRATIVE OFFICERS

John S. Anderson, M.D., M.P.H., Executive Officer & Secretary
Robert A. James, Administrative Officer

PRINCIPAL OFFICE

Cogswell Building, Helena



LEGAL REFERENCES

GENERALLY

The general statutes relating to the State Board of Health and the State Department of Health are contained in Section 69-4101 - 4118, R.C.M., 1947. Much of the administration of the state public health program is covered by regulations promulgated by the State Board of Health under the several code references applicable to various areas of responsibility.

MANAGEMENT SERVICES PROGRAM

Vital Statistics: Section 69-4401 - 4437, R.C.M., 1947

Local Boards of Health: Section 69-4501 - 4519, R.C.M., 1947

ENVIRONMENTAL CONTROL PROGRAM

Montana Insecticides, Fungicide and Rodenticide Act: Section 27-201 - 212, R.C.M., 1947

Food Service Establishments, Markets, Manufactories, Refrigerated Lockers: Section 27-611 - 625, R.C.M., 1947

Food, Drugs, Devices and Cosmetics: Section 27-701 - 725, R.C.M., 1947

Transient Lodging: Section 34-301 - 310, R.C.M., 1947

Sanitarian's Registration: Section 69-3401 - 3409, R.C.M., 1947

Clean Air Act: Section 69-3904 - 3923, R.C.M., 1947

Motorboats and Vessels: Section 69-3505, 3508, R.C.M., 1947

Refuse Disposal Areas: Section 69-4001 - 4009, R.C.M., 1947

Industrial Hygiene: Section 69-4201 - 4205, R.C.M., 1947

Shoddy Control: Section 69-4701 - 4707, R.C.M., 1947

Water Pollution: Section 69-4801 - 4819, R.C.M., 1947

Public Water Supplies: Section 69-4901 - 4908, R.C.M., 1947

Subdivisions: Section 69-5001 - 5005, R.C.M., 1947



LEGAL REFERENCES

ENVIRONMENTAL CONTROL PROGRAM (Continued)

Cesspools, Septic Tanks and Privies: Section 69-5401 - 5408, R.C.M.,
1947

Public Swimming Pools and Bathing Places: Section 69-5501 - 5511,
R.C.M., 1947

Tourist Camp Grounds: Section 69-5601 - 5607, R.C.M., 1947

Control of Ionizing Radiation: Section 69-5801 - 5816, R.C.M., 1947

Certification of Operators for Water Supply and Waste Water Plants:
Section 69-5901 - 5912, R.C.M., 1947

Federal Funds for Water Pollution Control: P.L. 84-660, Amended
1968, Water Pollution Act

Federal Funds for Solid Waste Disposal: P.L. 89-272, Solid Waste
Disposal Act

Federal Funds for Pesticide Control: Special Project Grant from Food
and Drug Administration. (41 U.S.C. 252)

Federal Funds for Air Pollution Control: P.L. 90-148, Air Quality Act
of 1967

MATERNAL AND CHILD HEALTH PROGRAM

Federal Funds for Services to Children: Title V, Social Security Act

Federal Funds for Child Development Center: P.L. 90-391

COMMUNICABLE DISEASE CONTROL PROGRAM

Premarital Serological Test: Section 48-134 - 141, R.C.M., 1947

Tuberculosis Control: Section 69-4301 - 4317, R.C.M., 1947

Venereal Diseases: Section 69-4601 - 4617, R.C.M., 1947

Federal Funds for Vaccination Assistance Program: P.L. 87-868



LEGAL REFERENCES

ADULT HEALTH PROGRAM

Alcohol and Drug Dependence: Section 69-6201 - 6207, R.C.M., 1947

Federal Funds for Emergency Medical Services: P.L. 89-564

HEALTH CARE FACILITIES AND MANPOWER PROGRAM

Hospitals, Hospital Related Facilities, Long-Term Care Facilities:

Section 69-5201 - 5221, R.C.M., 1947

Hospitals, Medical and Related Facility Survey and Construction:

Section 69-5301 - 5313, R.C.M., 1947

Federal Funds for Hospitals and Medical Facilities Construction:

Title VI, Public Health Service Act, Amended

Federal Funds for Mental Health and Mental Retardation Facilities

Construction: P.L. 88-164

Federal Funds for Hospital Construction Administration: P.L. 88-443

Federal Funds for Medical Facilities Certification: P.L. 89-97

Emergency Health Planning: Federal Civil Defense Act, 1950, and State
Civil Defense Act, 1951. Federal Funds: 41 U.S.C. 252

COMPREHENSIVE HEALTH PLANNING PROGRAM

Comprehensive Health Planning: Section 69-4110, R.C.M., 1947

Federal Funds for Comprehensive Health Services and Comprehensive Health
Planning: P.L. 89-749



PRINCIPAL GOALS

It is the basic function of the State Department of Health to provide beneficial public health programs for the people of the State of Montana as required by state law and in accordance with regulations and policies adopted by the State Board of Health. It is the responsibility of the agency to assess health needs in the state, develop and maintain statistics on health problems, and conduct health programs necessary for the protection and relief of the citizens of the state. Principal objectives of the department are to: 1) administer and supervise activities involved in the preparation of the comprehensive state health plan and to modify ongoing health programs or initiate new programs to reflect recommendations of the state plan; 2) evaluate health programs and select those most needed and beneficial for state residents in order to provide the highest possible quality of health services within the limitations of available resources; 3) meet the needs of populations at risk and design health programs to improve their health and protect the general population; 4) enforce state health laws and defend actions brought against the board or department; 5) adopt and enforce rules and standards for carrying out legal responsibilities and for the preservation of the public health and the prevention of disease; 6) supervise activities of local boards of health and provide assistance so that public health services will eventually be made available to citizens in all areas of the state.



PROGRAM INVENTORY AND COST SUMMARY

Management Services.....	\$ 324,823
Maternal and Child Health.....	939,079
Communicable Disease Control.....	223,767
Adult Health.....	179,290
Health Care Facilities and Manpower.....	305,755
Comprehensive Health Planning.....	92,603
Environmental Control.....	<u>394,462</u>
Total.....	<u>\$2,459,779</u>



MAJOR ACCOMPLISHMENTS

MANAGEMENT SERVICES PROGRAM

Achievements. Work was started on conversion to planned program budgeting. A total of \$86,304 was distributed to county health departments, enabling these local units to continue the staff services of 30 sanitarians and 115 public health nurses which in many cases would not have been possible without state aid. The capabilities of professional staff were enhanced through a broad range of in-service training activities, including monthly professional staff seminars and participation by selected staff members in training courses on a wide variety of health topics. Where training sessions were only available out-of-state, personnel who attended shared their newly-acquired knowledge with other staff, a procedure considered the most economical for maintaining a high degree of professional competence among all personnel. The mass media were employed extensively to convey information to the public on numerous health topics and problems. A new edition of the "Annual Statistical Supplement" was published and distributed. This publication is widely used by governmental and private interests for planning to meet the needs of Montana's people.

MATERNAL AND CHILD HEALTH PROGRAM

Achievements. During 1968, the last year for which complete data are currently available, Montana recorded only one maternal death for 11,992 live births. The rate for infant deaths was 19.4 per 1,000 live births, a significant decrease from a rate of 24.0 for the previous year. Some 67,286 children and 1,883 pregnant women were provided with a wide variety of services including the surgical correction of congenital anomalies, health maintenance, hearing conservation, dental health, diagnosis and evaluation of the mentally retarded, information and referral for health problems, public health nursing, primary prevention, school health and safety education, and the provision of drugs and biologicals. Statewide family-planning activities were launched as a means of improving the health of mothers and children. A total of 154,804 school children, alone, were screened by public health nurses for vision and hearing problems. The microbiology laboratory performed 11,996 tests for phenylketonuria as a means of preventing mental retardation. Fifty-five of the state's 56 counties were represented by the 1,300 children who received physician's services under the Crippled Children's Services project. At the Heart Diagnostic Center, in Great Falls, 581 patients, who were referred by physicians from throughout the state, received definitive evaluations. Nine communities and two state institutions received financial assistance which enabled them to install and maintain fluoridation equipment for the prevention of dental decay. Ninety practicing dentists from all areas of the state were trained in techniques of performing dentistry on mentally retarded children. Educational sessions on drug abuse were launched in several sections and materials and films on the subject received extensive distribution. The Information Section of the Guide for the Montana School Health program was revised and distribution started to schools.



MAJOR ACCOMPLISHMENTS

ADULT HEALTH PROGRAM

Achievements. A total of 19,580 adults were screened for hidden diabetes in county programs and 445 were referred to physicians for a definitive diagnosis. As a means of reducing deaths and permanent disabilities caused by inadequate emergency medical services, 155 persons were given special training in courses designed for ambulance attendants and drivers, emergency room personnel, law enforcement officials, fire departments and rescue units. The number of ambulance services having direct communications with hospital emergency rooms was increased to ten from only one for the previous year. Sixty-two patients, referred by their physicians, received definitive evaluations at the Adult Heart Clinic, in Missoula. Some 1,213 adults were screened for hearing difficulties, even though the service had been sharply curtailed, and 175 were clinically evaluated by staff audiologists. The chemistry laboratory performed 768 tests for blood alcohol for the Highway Patrol. A state-wide safety committee was established, work done in nursing homes and pilot programs started in several counties. A Commission on Alcohol and Drug Dependence was appointed, organized, held regular meetings and a director employed during the last quarter of the year. A cancer register was established in conjunction with six states in the region, a new service that will lead to better care and earlier diagnosis for cancer patients. A seminar on suicide problems and prevention was held with 60 multi-discipline persons attending.

HEALTH CARE FACILITIES AND MANPOWER PROGRAM

Achievements. Montana's allotment of federal funds for hospital and medical facilities construction (Hill-Burton) for fiscal 1969-70 was \$818,782. These funds were distributed to projects under construction that will provide an additional 181 hospital beds and 160 nursing home beds at an estimated cost of \$9,311,049. Through negotiation, Montana also received \$150,045.73 through transfers from other states and these funds were allocated to the Missoula Rehabilitation Center, an outpatient facility. For mental health construction, Montana received an allotment of \$102,967 in federal funds. These funds are available for the next fiscal year. Contracts were awarded for the remodeling of a building in Billings for a community mental health center. Federal funds were also utilized in the purchase of the building. Total estimated cost of this project is \$353,472 including \$147,522 in federal funds. Contracts were awarded for the construction of six cottages to house 152 mentally retarded patients at the Boulder River School and Hospital. Estimated cost of this project is \$1,568,816, including \$668,815.92 in federal funds. Other mental retardation facilities include the Eastmont Training Center, at Glendive, at an estimated cost of \$429,529, including \$227,529 in federal funds; the Montana Center for Handicapped Children, an outpatient facility for mental retardation and rehabilitation, for the mental retardation cost only; remodeling of the Butte Sheltered Workshop, costing \$28,889, including \$15,889 federal funds. Although Montana only receives the minimum allotment of \$100,000 for mental retardation construction annually, additional funds were obtained through the transfer of \$285,666 in unused mental health funds, and the transfer of allotments not used by other states amounting to \$463,203.71. Other achievements: there was a 41 percent increase in the number of persons served by home health agencies over the previous year; 21,031 persons were trained in the medical self-help project; 80 student nurses from Montana State University received field placements in public health agencies; 174 hospitals were licensed, 93 facilities certified for Medicare, seven independent laboratories certified, two new medical facilities licensed.



MAJOR ACCOMPLISHMENTS

COMMUNICABLE DISEASE CONTROL PROGRAM

Achievements. Sixty-eight rubella clinics were held at which 61,908 susceptible children were immunized against the disease. Rubella immunizations administered by participating agencies: local health departments, 1,162; Head Start program, 300; Division of Indian Health, 1,500. Rubeola clinics were held in epidemic situations and more than 2,000 children were immunized. The incidence of rubeola has been decreased by 97 percent since 1964. There were three cases of early infectious syphilis reported during the year and 519 cases of gonorrhea. All cases of syphilis and about one-fourth of the cases of gonorrhea were interviewed for contacts as a means of reducing the spread of these diseases. A total of 108 new active cases of tuberculosis were found in Montana and brought under treatment with 98.6 percent having positive bacteriological reports. The others were non-pulmonary. The number of active cases of tuberculosis at home on drugs was increased to 83.4 percent over 70 percent for the previous year. The quality of the tuberculosis nursing program was improved so that 535 significant contacts were named with 460 brought to examination. With this more selective, intensive follow-up, five cases were found and 123 contacts placed on INH therapy. This result should be compared to the previous year when 891 contacts were named, only one case was found and therapy was only incidental. A rubella syndrome central register was established in which rubella-afflicted children could be identified so that services that would make these individuals productive citizens could be begun. An epidemiological study to determine the risk of mosquito-borne encephalitis in Montana was carried out. As a result, there is the tentative conclusion that a substantial risk of becoming infected with viruses does exist but the chances of becoming seriously ill appear small. The microbiology laboratory performed 45,505 tests in support of communicable disease control.

COMPREHENSIVE HEALTH PLANNING PROGRAM

Achievements. Five health planning agencies, encompassing the entire state, were organized and are now in various stages of action. A task force was launched to determine what must be done to fully utilize available health manpower and plan strategies to meet this goal. A task-force study was started to examine Montana's health care delivery system for low-income people and to determine what is needed to insure the delivery of existing excellence in health care to all Montanans. A program was started to secure maximum utilization of the tuberculosis institution at Galen. The Environmental Health Committee of the State Comprehensive Health Planning Advisory Council initiated a study, to serve as a basis for legislation, establishing a state system of permits for commercial and industrial operations that constitute a source of environmental degradation. Included will be documentation of the use and effect on the total environment of solids, water, geology, vegetation, wildlife, topography, atmosphere, recreation, rehabilitation and the effect of interacting natural systems which extend beyond the strict limit of the site. Alternatives to meeting the state's health manpower problems, specifically the use of nurse practitioners in rural areas and the feasibility of training on the master's level for service in medicine on a sub-physician basis, were developed.



MAJOR ACCOMPLISHMENTS

ENVIRONMENTAL CONTROL PROGRAM

Achievements. No major outbreaks of food-borne illnesses were reported during the year and no illnesses were reported from swimming pools. Sanitarian coverage was extended to all but 13 counties, thereby providing services to 93 percent of the state's population. All municipalities and industries maintained at least the equivalent of primary treatment of wastes for water pollution control and 137 of 160 plants provided secondary treatment. Twenty-six communities and industries completed major improvements of waste-treatment facilities. As the result of a pesticide demonstration program, essential data was compiled on the usage of pesticides in Montana, as well as pesticide residue in human tissues and serum, and pesticide poisonings. Assistance was provided the Legislative Council Subcommittee on Pesticides in drafting proposed new control legislation. Most public water supplies maintained levels of water quality meeting U. S. Public Health Service standards and all systems supplied water considered generally safe. The first phase of a survey of existing conditions and amounts of solid wastes disposed of in various localities was completed and published. All hotels in the state considered firetraps were closed or are being remodeled. Industrial hygiene services were extended to firms employing some 8,600 workers and, as a result, possible fatalities were averted. Inspections of 91 x-ray units were completed and corrections instituted affecting approximately 400 persons weekly. Through enforcement of air pollution control regulations, many major industries installed new equipment or completed plans that will bring about significant reductions in pollution. Open burning was reduced considerably. During the year, regulations controlling teepee burners became effective. Many installed improvements, bringing them into compliance, while others ceased operations. A definitive air pollution study of the East Helena area was completed and the report should be available in 1970. Educational materials were developed on various phases of environmental pollution for distribution through schools and colleges. The microbiology laboratory made 16,903 tests of public and private water supplies and 1,044 tests on frozen desserts and manufacturing milk. Thirteen laboratory investigations of food suspected of causing illnesses were completed.



MAJOR RECOMMENDATIONS

PROGRAM: ENVIRONMENTAL CONTROL

REQUIRED IMPLEMENTATION ACTION: LEGISLATIVE

PRIORITY RATING: 1 of 33

CATEGORY: INCREASING EXISTING SERVICES

Recommendation. An additional \$4,730,198 should be appropriated for the biennium to enable the department to carry out its legal responsibilities for water pollution control and to provide for grants to municipalities for the construction of sewage treatment facilities.

Discussion. A major portion of the additional appropriation (\$4 million) would be used for grants-in-aid to municipalities for the construction of sewage treatment facilities. State aid to Montana's cities is essential, inasmuch as these local governments lack the financial resources to support the required construction. The remainder of the additional appropriation would be used to employ 21 additional staff in water pollution control, and to support travel and related expenses. Heretofore, Montana's program to control stream pollution has been directed primarily toward municipal and industrial wastes. But other wastes must also be controlled: acid mine drainage, livestock feedlots, irrigation return, drainage waters, runoff from land use and erosion caused by construction and logging. A stream surveillance program must be conducted to insure that minimum standards are met and to gather basic data for planning and determining where industry and other facilities can locate to have a minimal effect upon the environment.



MAJOR RECOMMENDATIONS

PROGRAM: ENVIRONMENTAL CONTROL

REQUIRED IMPLEMENTATION ACTION: LEGISLATIVE

PRIORITY RATING: 2 of 33

CATEGORY: INCREASING EXISTING SERVICES

Recommendation. An additional \$133,697 should be appropriated for the biennium for air pollution control.

Discussion. The additional funds are required to fully match federal funds and to employ new professional, technical and clerical personnel required to implement more effective air pollution control activities. If the requested funds are appropriated, approximately 75 percent control of air pollution can be achieved in fiscal 1972, and with increased capability of staff, approximately 80 percent control in fiscal 1973 -- provided that, in both years, Billings, Missoula and Great Falls have active control programs, as they do now, and that Gallatin, Flathead and Lewis and Clark counties continue to contribute manpower for administration of open burning regulations and provide for an occasional site review upon request. Since 1967, a substantial amount of effort has been utilized in the development of regulations and the formulation of standards, whereas, beginning in July 1970, the control effort started with arrival of the effective date. In 1973, all large industries will begin to have come into compliance which will require additional manpower for study and evaluation of control procedures. Inspection and field control have become increasingly necessary with the effective date of regulations to determine compliance and that circumvention, accidents or other occurrences which produce air pollution are not generally in existence.



MAJOR RECOMMENDATIONS

PROGRAM: ENVIRONMENTAL CONTROL

REQUIRED IMPLEMENTATION ACTION: LEGISLATIVE

PRIORITY RATING: 3 of 33

CATEGORY: INCREASING EXISTING SERVICES

Recommendation. An additional \$542,092 should be appropriated for the biennium to support expanded general environmental sanitation activities, including the licensing and inspection of food service establishments, manufacturers and locker plants; review of plans and inspection of swimming pools; plan review and title clearance for subdivisions; inspection and regulation of hosteleries and campgrounds; enforcement of the Food, Drug and Cosmetic Act; review and approval of plans for school construction; surveillance of public water supplies; and implementation of shoddy control.

Discussion. A minimum of 22 additional professional, technical and secretarial personnel are required if the department is to properly discharge its responsibilities in general environmental sanitation. Inasmuch as Montana has few full-time local health departments, the state is required to render a broad range of direct services to protect public health and safety. For example, 13 counties do not have sanitarians and an expansion of the state staff is essential to properly serve these areas, as well as to provide supervision and consultation to counties with local sanitarians. Currently, inspection of swimming pools is inadequate and two engineers should be employed during the summer months only to meet this need. Tourism is a major industry in the state and two sanitarians are needed to work in transient housing and campgrounds. At least two sanitarians, two chemists and a bacteriologist are needed to mount an adequate program designed to prevent adulterated, misbranded or toxic foods from being distributed to the public. An architect or engineer is needed to work with school boards and other officials on proposed new construction or additions to school facilities. Additional engineering and laboratory personnel are required to increase the frequency of chemical testing of public water supplies and to work in training of local personnel and facilities planning. Minimal activities are required in shoddy control since there are no mattress renovating plants in the state but staff time is required to handle voluminous inquiries. General environmental health services are basic to the maintenance of public health and unless these services are adequately delivered, other major public health efforts suffer.



MAJOR RECOMMENDATIONS

PROGRAM: ENVIRONMENTAL CONTROL

REQUIRED IMPLEMENTATION ACTION: LEGISLATIVE

PRIORITY RATING: 4 of 33

CATEGORY: INCREASING EXISTING SERVICES

Recommendation. An additional \$14,150 should be appropriated for the biennium to purchase supportive supplies and services for microbiological studies in water pollution control and the extension of food microbiology to include more testing for quality control.

Discussion. Microbiological studies provide a good indication of the extent of stream pollution by human and animal wastes. At present the laboratory is only able to perform a limited number of these tests and this service in support of environmental control should be increased. In the quality control of foods for human consumption the laboratory performs such tests only on frozen desserts and manufacturing milk (grade B) but tests should be extended to many other items if services could be increased.



MAJOR RECOMMENDATIONS

PROGRAM: ENVIRONMENTAL CONTROL

REQUIRED IMPLEMENTATION ACTION: LEGISLATIVE

PRIORITY RATING: 5 of 33

CATEGORY: INCREASING EXISTING SERVICES

Recommendation. An additional \$55,306 should be appropriated for the biennium to permit the department to properly discharge its responsibilities in the development of a solid waste management program to prevent pollution of the environment, assist in vector control and protect public health and safety.

Discussion. Montana has some 514 communities but only 14 properly operated sites for the disposal of solid wastes. Since most municipalities find it difficult to properly operate a landfill dump, or to select a site and develop such a refuse disposal area, it is essential that an engineer be employed to assist them. Consulting engineers in Montana have no familiarity with a program of this type. It is difficult for smaller communities to properly operate a landfill disposal area because of the cost of equipment and the small amount of time it would be used. There is legislation which permits municipalities to join together and operate one disposal site and much more time should be spent in promoting these joint endeavors. Other costs included in this proposed expansion of the solid waste disposal program are secretarial assistance, automotive and scientific equipment and related expenses.



MAJOR RECOMMENDATIONS

PROGRAM: COMPREHENSIVE HEALTH PLANNING

REQUIRED IMPLEMENTATION ACTION: LEGISLATIVE

PRIORITY RATING: 6 of 33

CATEGORY: INCREASING EXISTING SERVICES

Recommendation. An additional \$35,896 should be appropriated for the biennium for clerical personnel, travel and contractual services, and to enable Montana to take full advantage of federal matching funds (25 percent state, 75 percent federal) for comprehensive health planning.

Discussion. Although the federal government underfinanced this piece of 1966 legislation, the State has not even been able to take advantage of the planning resources available to it in the form of federal matching money on a 25-75 percent basis (the State supplies the 25 percent). The expanse of this program, which covers planning for the proper use of medical facilities, proper utilization of manpower, planning for delivery of health care to the poor and rural, and planning the health aspects of Montana's physical environment, while at the same time organizing the kinds of private and governmental involvement also called for in the law, is a tremendous task. This task could certainly more easily be met by at least providing the agency conducting this activity with the resource the federal government has made available. The federal government will probably allocate \$97,000 in FY 1972 and \$104,000 in FY 1973 to be matched on a 25/75 percent basis with State money. Up to the present time the largest investment the State has put into the CHC program has been \$25,500.



MAJOR RECOMMENDATIONS

PROGRAM: HEALTH CARE FACILITIES AND MANPOWER

REQUIRED IMPLEMENTATION ACTION: LEGISLATIVE

PRIORITY RATING: 7 of 33

CATEGORY: PROVIDING GREATER AUTHORITY TO ADMINISTER EXISTING PROGRAMS

Recommendation. Legislation should be enacted to provide for the licensing of laboratory personnel in the state. An additional \$26,130 should be appropriated for the biennium to implement the service.

Discussion. In 1967 during committee hearings on what is now Public Law 90-174 (Interstate Laboratory Licensing), a serious situation regarding Clinical Laboratory work in the U.S. was exposed. Some quotations from TIME, Feb. 17, 1967, clearly emphasize this: "In fact, Dr. David J. Sencer of the National Communicable Disease Center declared that of the estimated 500 million medical lab tests done each year in the U.S., no less than 25%, or 125 million, produced defective or dangerously wrong results." "How is it possible for aseptic scientific laboratories, run by experts, to be so often wrong? The answer is that too many of them are neither aseptic nor scientific; nor are they run by experts." "Senator Hart is determined to introduce a bill, not yet drafted, to regulate interstate laboratory business. How to control labs inside those 47 unregulated states, no one knows. Leaving them unregulated, says Hart, "will keep the undertakers and the cemeteries busier than usual, earlier than usual." The Bill referred to was enacted (P.L. 90-174) and the Council of State Governments supplied the states with model legislation for the control of clinical laboratory work intrastate. Although many states enacted this legislation, the Montana Legislative Assembly defeated it (House Bill No. 317-1969 session). The weakest aspect of clinical laboratory work is the unqualified persons who are performing tests so the Laboratory Advisory Committee of the Montana State Board of Health decided to promote the licensing of clinical laboratory personnel. Their bill has the approval of Montana Technologists and the House of Delegates of the Montana Medical Association. The Center for Disease Control sent two Management Consultants to Montana the week of March 16 to advise the State Laboratory on Laboratory Improvement. Their report will be forthcoming by October 1, 1970. On the basis of National figures, Montanans spend \$25,000,000 annually on laboratory tests and \$5,000,000 of this is for tests whose results are misleading. Organized pathology attempted to reply to Dr. Sencer's charges but when they got their own results, some figures showed more than 25% of results of tests where in error. Regardless of what the true percentage is, there is agreement that improvement must take place in clinical laboratory work and the best way to accomplish it is to require that tests be carried out by qualified persons.



MAJOR RECOMMENDATIONS

PROGRAM: ENVIRONMENTAL CONTROL

REQUIRED IMPLEMENTATION ACTION: LEGISLATIVE

PRIORITY RATING: 8 of 33

CATEGORY: ADDING NEW SERVICES

Recommendation. A total of \$119,706 should be appropriated to support pesticide control activities during the biennium.

Discussion. The appropriation would be used to employ 6 additional staff in pesticide control, and to support travel and related expenses. A pesticide demonstration program, funded by a federal grant, has provided information on the volume and types of pesticides being sold and used by dealers, federal state and local agencies, pest control operators and aerial applicators. Information is being obtained on the amount of pesticide residue in human tissues and serum, and some information on poisonings. Information is also being collected on environmental contamination of food, air, water and soil by pesticides. It is being shown that Montana is no different from other parts of the nation; we do have portentous pesticide problems. Thus, it is necessary that steps be taken to control the use and distribution of pesticides. Pesticides are necessary if agriculture is to continue as it has in the past in Montana; however, only with proper control can pesticides be kept out of the food chain or maintained at minimum levels to prevent harmful effects in humans and animals.



MAJOR RECOMMENDATIONS

PROGRAM: ENVIRONMENTAL CONTROL

REQUIRED IMPLEMENTATION ACTION: LEGISLATIVE

PRIORITY RATING: 9 of 33

CATEGORY: INCREASING EXISTING SERVICES

Recommendation. An additional \$36,932 should be appropriated for the biennium to employ a public health educator and pay related costs.

Discussion. Public education is fundamental to the success of all environmental control services and a public health educator is needed to work in water pollution control, solid waste disposal, pesticide control, and general environmental sanitation. A major responsibility of the public health educator would be in working with local community groups in securing needed action to meet the objectives of a broad range of environmental control activities, as well as to provide professional educational consultation in training.



MAJOR RECOMMENDATIONS

PROGRAM: COMMUNICABLE DISEASE CONTROL

REQUIRED IMPLEMENTATION ACTION: LEGISLATIVE

PRIORITY RATING: 10 of 33

CATEGORY: INCREASING EXISTING SERVICES

Recommendation. An additional \$34,590 should be appropriated for the biennium to support increased services in the Montana Rheumatic Heart Disease Control program - Throat Culturing project.

Discussion. The number of reported cases of rheumatic fever increased from 14 in 1968 to 60 in 1969. At least 40 of the cases reported in the latter year could have been prevented by the adequate attention to preventive diagnosis of streptococcal pharyngitis. Reliable estimates hold that the costs of additional medical services throughout the lifetime of one case of rheumatic heart disease is \$20,000; consequently, if these 40 cases had been prevented the savings in medical expenses would have amounted to about \$800,000. The culturing of cases of pharyngitis for hemolytic streptococci should be increased at least 25 times the present level in Montana. Most of the increase should be aimed at the high-risk segment of the population which usually does not seek medical service for pharyngitis.



MAJOR RECOMMENDATIONS

PROGRAM: DISEASE CONTROL

REQUIRED IMPLEMENTATION ACTION: LEGISLATIVE

PRIORITY RATING: 11 of 33

CATEGORY: INCREASING EXISTING SERVICES

Recommendation. An additional \$74,000 should be appropriated for the biennium for the purchase of vaccines and to pay necessary travel expenses in the state-wide immunization program.

Discussion. So far in the Rubella Eradication effort, some 61,908 children have been immunized with more than 123,000 children to be immunized during the next two years to achieve a satisfactory level of control of this disease. In addition, approximately 12,000 children, representing annual new births, must be immunized each year for such diseases as diphtheria, tetanus, whooping cough, rubeola, rubella, smallpox and polio. Recent surveys show that immunity levels for many of these diseases are dangerously low, and intensified efforts will be required to protect Montanans against these diseases.



MAJOR RECOMMENDATIONS

PROGRAM: COMMUNICABLE DISEASE CONTROL

REQUIRED IMPLEMENTATION ACTION: LEGISLATIVE

PRIORITY RATING: 12 of 33

CATEGORY: IMPROVING COORDINATION WITH OTHER AGENCIES OR PROGRAMS

Recommendation. Legislation should be enacted amending P.L. 75-1632, RCM, 1947, by adding Item 25 as follows: May require that all children at the time they are first enrolled in school, or within a reasonable time thereafter, be successfully immunized against those communicable diseases recommended by the State Board of Health. The immunizations required and the manner and frequency of their administration shall conform to recognized standards of medical practice and shall be set by the State Board of Health. A child may be exempted from this requirement upon certification from a licensed physician stating that the physical condition of the child to be such that the immunization would seriously endanger his life or health, or a written statement signed by one parent or guardian that he is an adherent of a religious denomination whose religious teachings are opposed to such immunization.

Discussion. To achieve adequate control of many of the childhood diseases for which vaccines are available it is necessary to immunize at least 90 percent of the susceptible population. Due to a lack of organized local health services in Montana, immunization upon entrance into school offers the most feasible and practicable way of achieving adequate immunization levels in children.



MAJOR RECOMMENDATIONS

PROGRAM: MATERNAL AND CHILD HEALTH

REQUIRED IMPLEMENTATION ACTION: LEGISLATIVE

PRIORITY RATING: 13 of 33

CATEGORY: INCREASING EXISTING SERVICES

Recommendation. An additional \$13,644. should be appropriated for the biennium to pay one-half salary of a public health nurse, and related expenses, to work in family planning.

Discussion. At present, one public health nurse is working half time in family planning but, as public interest increases, the full-time services of the nurse are needed in communities throughout the state to work with local people in setting up family planning clinics. These local services are vitally important, not only to insure that every child is a wanted child, but also to achieve an optimal spacing of children in the best interests of both the mother and the product of her pregnancy.



MAJOR RECOMMENDATIONS

PROGRAM: ADULT HEALTH

REQUIRED IMPLEMENTATION ACTION: LEGISLATIVE

PRIORITY RATING: 14 of 33

CATEGORY: ADDING NEW SERVICES

Recommendation. An additional \$51,718 should be appropriated to employ two staff people with background and experience in the field of Public Health Education and Community Organization. These people will be utilized to work throughout the state in coordinating and promoting alcohol and drug dependence programming.

Discussion. The multitude and multiplicity of alcohol and drug dependence programs throughout the state necessitate an increase in manpower to provide for coordination of the activities ongoing and contemplated. Many communities and agencies are establishing their own programs in these two areas and often are duplicating and negating efforts being conducted by other agencies. The addition of the staff personnel would provide the manpower necessary to carry out the mandate of legislation that established the Commission on Alcohol and Drug Dependence. The emphasis being exhibited in the need for coordination of programming of state and local levels in the area of alcohol and drug dependence provides justification for the addition of this new service.



MAJOR RECOMMENDATIONS

PROGRAM: ENVIRONMENTAL CONTROL

REQUIRED IMPLEMENTATION ACTION: LEGISLATIVE

PRIORITY RATING: 15 of 33

CATEGORY: INCREASING EXISTING SERVICES

Recommendation. An additional \$123,766 should be appropriated to employ new professional, technical and clerical personnel to handle increased responsibilities in industrial hygiene services.

Discussion. Since 1939, an inadequate industrial hygiene service has been the rule in the state due to a lack of personnel to cover work places known to have potential hazards -- or even those places having hazards which have been previously identified and measured. With the appearance of radiological health hazards, the work load increased. For a few years, one staff member has been available for this work but with increasing awareness and emphasis on radiological health, this person has simply been "gobbled up" leaving conditions essentially as they were before. It is estimated that there are a minimum of 10,000 workers in Montana exposed to conditions that will cause permanent injury to their health. With the addition of three industrial hygiene specialists, a chemist and clerical support, it may be possible to control between 75 and 85 percent of the occupational health problems in the state. At present, not more than 15 to 20 percent are under control.



MAJOR RECOMMENDATIONS

PROGRAM: ENVIRONMENTAL CONTROL

REQUIRED IMPLEMENTATION ACTION: LEGISLATIVE

PRIORITY RATING: 16 of 33

CATEGORY: PROVIDING GREATER AUTHORITY TO ADMINISTER EXISTING PROGRAMS

Recommendation. The industrial hygiene law (Chapter 197, R.C.M. 1969, Section 69-4201 through 69-4205) should be replaced by a comprehensive occupational health act to enable effective promotion and maintenance of the health and economic ability of Montana's workers.

Discussion. A poor performance by Montana employers in maintaining healthful working environments, combined with the inability of the State Health Department to effectively maintain and promote occupational health in places of employment, is the basis of continuing occurrences of occupational injuries with consequent high rates of absenteeism, occupational diseases and compensation payments. These results stem from an industrial hygiene law which is inadequate and ineffective in terms of current needs. Operating problems in administering occupational health protection, which result from the faulty content and inadequacy of the existing industrial hygiene law, occur because of weakness or failure in funding, language, public relations and education, extent of coverage, recognition and reporting of occupational disease occurrences, enforcement, exposure standards and guides, and confidentiality of working conditions and effects. In addition to useful features in the existing law, the new act should include precise and specific language and provision for adequate funding of program, communicating with the general and specific publics, comprehensive application and operation of program, better medical recognition and reporting of occupational disease occurrences, effective enforcement, adopting current standards and guides and public access to relevant information.



MAJOR RECOMMENDATIONS

PROGRAM: MANAGEMENT SERVICES

REQUIRED IMPLEMENTATION ACTION: LEGISLATIVE

PRIORITY RATING: 17 of 33

CATEGORY: ADDING NEW SERVICES

Recommendation. The amount of \$22,176 should be appropriated during the biennium to permit the employment of an Assistant Administrative Officer to assist with the business administration duties arising from the proposed operating program increases.

Discussion. The proposed increases in the operating programs, if approved, will cause considerable increases in personnel and program activities dealing with the problems of air pollution, occupational health and general environmental sanitation and will have a considerable impact on the general management services as much time and effort will be required to provide the personnel, space, materials and financial services required.



MAJOR RECOMMENDATIONS

PROGRAM: MANAGEMENT SERVICES

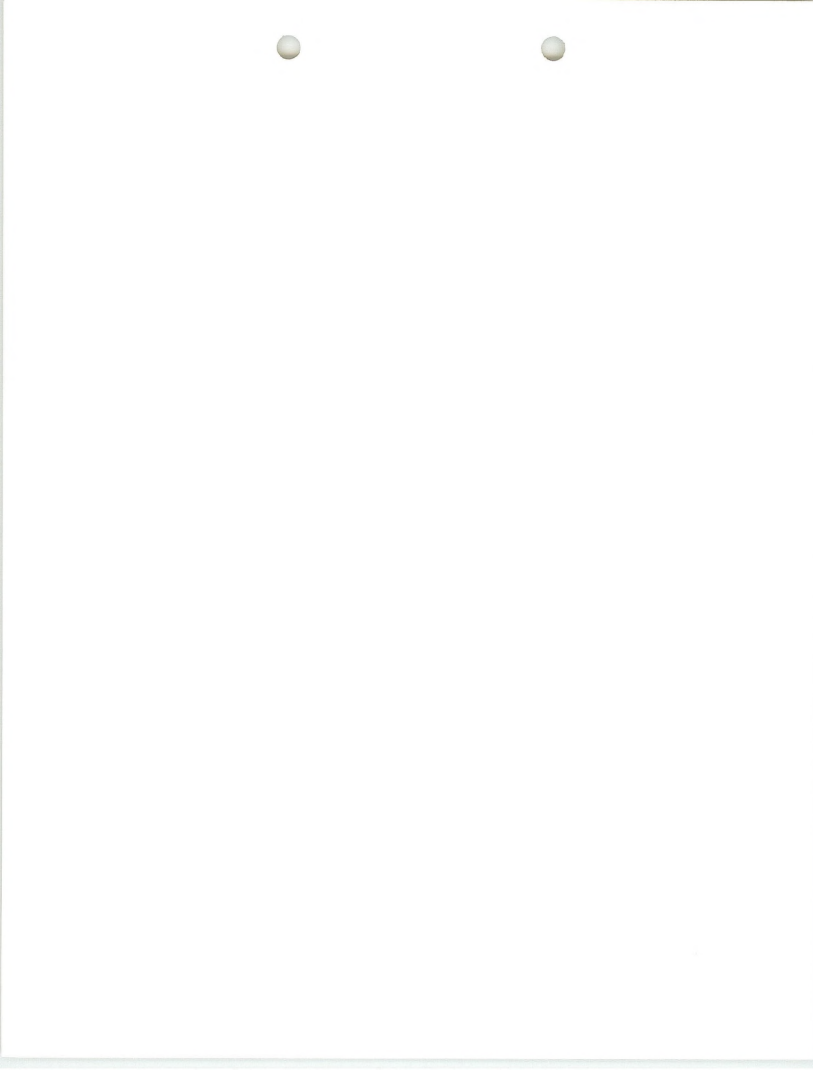
REQUIRED IMPLEMENTATION ACTION: LEGISLATIVE

PRIORITY RATING: 18 of 33

CATEGORY: INCREASING EXISTING SERVICES

Recommendation. An additional \$143,766 should be appropriated during the 1971-73 biennium to employ new personnel and to defray other costs arising from the gradual general increase in the overall public health program.

Discussion. A personnel officer should be employed to handle this aspect of the operations which has increased considerably through the number of programs and in increased mobility of personnel. Attorney services should be increased from the current part-time services to those of a full-time employee in this category with additional funds for handling special court cases. This cost is occasioned by the heightened interest in environmental control and the expected cases which will be developed as greater water pollution and air pollution controls are imposed. Funds should be appropriated to the agency to allow payment of the costs of central administrative services which are being transferred to operating agencies by the State Department of Administration and the Legislative Auditor in accordance with recent state statutes. It is expected that these transfers of costs will amount to approximately \$86,000 during the next biennium.



MAJOR RECOMMENDATIONS

PROGRAM: MATERNAL AND CHILD HEALTH

REQUIRED IMPLEMENTATION ACTION: LEGISLATIVE

PRIORITY RATING: 19 of 33

CATEGORY: INCREASING EXISTING SERVICES

Recommendation. A total of \$80,900 should be appropriated for the biennium to pay for physicians services for the correction of cleft lip and/or cleft palate in children and for the services of a speech and hearing therapist.

Discussion. Since the inception of services for the surgical correction of cleft lip and/or cleft palate in children the cost of physician's fees and hospitalization has been paid entirely from federal funds. At least one in each 800 children born in Montana suffers from cleft lip and/or cleft palate and the federal grant, even if it is continued, is not enough to meet the rising costs of this service or the increasing demand. Children denied corrective surgery face a severe handicap throughout life. The requested appropriation also includes salary and expenses for a speech and hearing therapist during fiscal 1973 who is needed to work with children to obtain full benefit from the surgical procedures.



MAJOR RECOMMENDATIONS

PROGRAM: MATERNAL AND CHILD HEALTH

REQUIRED IMPLEMENTATION ACTION: LEGISLATIVE

PRIORITY RATING: 20 of 33

CATEGORY: PROVIDING GREATER AUTHORITY TO ADMINISTER EXISTING PROGRAMS

Recommendation. Legislation should be enacted which (Section 1.) adds to title 69, chapter 49, R.C.M. 1947, a new section numbered 69-4906.1 which reads as follows: "69-4906.1. Fluoridation of public water supply. (a) Where the average natural fluoride ion content of the water from any source for a public water supply is less than 0.7 mg/l, the fluoride ion concentration shall be adjusted to provide a level of 0.9 mg/l to 1.2 mg/l to protect the dental health of all citizens in towns and cities of 1,000 population or greater. (b) Approval by the State Department of Health of the addition of fluorides to a public water supply shall be contingent upon the presentation of satisfactory evidence that the plant facilities and operation will provide for the adequate control and supervision, safe operation and maintenance, keeping of operational records, and compliance with this section and other regulations of the State Board of Health relating to public water supplies." (Section 2.) The provisions of this act shall be severable and if any of its sections, provisions, exceptions, sentences, clauses, phrases or parts be held unconstitutional or void, the remainder of this act shall continue in full force and effect.

Discussion. Dental decay is the most prevalent of all diseases. Even if the people of Montana could afford the cost of conventional treatment for dental decay, the number of practicing dentists could only meet a small fraction of the need. Fluoridation of public water supplies has been proved throughout the world as a safe and efficient method of reducing dental decay, often as much as 60 percent in children. Fluoridation of public water supplies is no different from chlorination, inasmuch as it prevents disease.



MAJOR RECOMMENDATIONS

PROGRAM: ADULT HEALTH

REQUIRED IMPLEMENTATION ACTION: EXECUTIVE

PRIORITY RATING: 21 of 33

CATEGORY: IMPROVING COORDINATION WITH OTHER AGENCIES OR PROGRAMS

Recommendation. Regionalization of the state should be effected to coordinate and effectively use nutrition services for the benefit of local communities and to improve services, utilize State Department of Health nutritionists to train and supervise other workers in the field.

Discussion. There is much activity in nutrition programs in the state - both from trained and untrained workers. The possibility of serious malnutrition exists - either in areas of the state or in certain groups. In order to attack this problem effectively, it needs coordination of agencies both on state and local levels with designation of responsibility for an effective program to one agency.



MAJOR RECOMMENDATIONS

PROGRAM: ADULT HEALTH

REQUIRED IMPLEMENTATION ACTION: LEGISLATIVE

PRIORITY RATING: 22 of 33

CATEGORY: PROVIDING GREATER AUTHORITY TO ADMINISTER EXISTING PROGRAMS

Recommendation. Legislation should be enacted establishing minimum standards of training and equipment for ambulance personnel and ambulance services.

Discussion. Many persons injured in highway accidents die needlessly or are permanently disabled because they do not receive prompt and proper emergency care. Authoritative estimates hold that 20,000 persons die and 25,000 others are permanently disabled in the nation each year because of deficiencies in emergency services. In a recent survey of ambulance services throughout Montana, 80 percent of the operators recognized the need for regulations governing ambulance services and stated that they would support such legislation.



MAJOR RECOMMENDATIONS

PROGRAM: ADULT HEALTH

REQUIRED IMPLEMENTATION ACTION: LEGISLATIVE

PRIORITY RATING: 23 of 33

CATEGORY: INCREASING EXISTING SERVICES

Recommendation. An additional \$28,944 should be appropriated for the biennium to employ another audiologist to be stationed in Billings and again complete the staff for a total hearing conservation program including adults.

Discussion. Loss of hearing is a major physical handicap. Many things in our Montana economy may lead to a hearing loss, but, by the same token, many may be prevented. A successful, growing program of hearing conservation for children and adults has been implemented for the past five years. Due to a loss of project budget for adult programs, it has, of necessity, been discontinued. Its growth has shown the evident need.



MAJOR RECOMMENDATIONS

PROGRAM: ADULT HEALTH

REQUIRED IMPLEMENTATION ACTION: LEGISLATIVE

PRIORITY RATING: 24 of 33

CATEGORY: INCREASING EXISTING SERVICES

Recommendation. An additional \$23,216 should be appropriated for the biennium to employ a public health field representative to work in emergency medical services.

Discussion. A disproportionate number of persons die or are permanently disabled each year because of a lack of training of ambulance personnel or a lack of proper equipment in emergency vehicles. A public health field representative is needed to coordinate training courses for ambulance personnel and to work with the operators of emergency vehicles in improving existing equipment.



MAJOR RECOMMENDATIONS

PROGRAM: AID TO LOCAL AREAS

REQUIRED IMPLEMENTATION ACTION: LEGISLATIVE

PRIORITY RATING: 25 of 33

CATEGORY: INCREASING EXISTING SERVICES

Recommendation. An additional \$115,500. should be appropriated during the biennium to provide increased state financial aid to local public health departments.

Discussion. There is a need to extend and increase public health services at the local level. In most areas of the state these services are inadequate and in many areas public health services are not available. Increased state assistance would allow local health departments and boards of county commissioners to provide more adequate services or initiate services where they are presently non-existent. The primary need is for public health nursing and sanitarian services. The current high interest in environmental problems is bringing to light many inadequacies in the provision of health services at the consumer level. Standards are in many cases inadequate in the health areas concerned with food handling, water supply, water pollution control, solid waste disposal, air pollution and the education and provision of public health services concerned with control of communicable disease and the health of mothers and children.



MAJOR RECOMMENDATIONS

PROGRAM: MANAGEMENT SERVICES

REQUIRED IMPLEMENTATION ACTION: LEGISLATIVE

PRIORITY RATING: 26 of 33

CATEGORY: INCREASING EXISTING SERVICES

Recommendation. An additional \$19,891 should be appropriated for the biennium to support additional travel, office equipment and supplies and services in the Division of Records and Statistics.

Discussion. Professional personnel need practical training in statistics as applied to their particular work to keep up with developments in data processing and statistical analysis. Such training is available at the Applied Statistics Training Institute through short-term courses developed by the National Center for Health Statistics. Courses are given at Research Triangle Park, North Carolina. There is no tuition or fees but each state is expected to pay the cost of travel and housing for its personnel. Additional in-state travel is required to give increased consultation and training to local registrars of vital statistics. Other items reflect increased costs of postage, supplies, equipment rentals and equipment replacement.



MAJOR RECOMMENDATIONS

PROGRAM: MATERNAL AND CHILD HEALTH

REQUIRED IMPLEMENTATION ACTION: LEGISLATIVE

PRIORITY RATING: 27 of 33

CATEGORY: INCREASING EXISTING SERVICES

Recommendation. An additional \$28,126 should be appropriated for the biennium to employ a dental hygienist, pay for supplies and related costs.

Discussion. A service by the dental division, wherein school-age children are taught the self-application of fluorides, has met with outstanding success. In areas without fluoridated water supplies, this method is excellent for reducing tooth decay. The service is limited, however, since only the dental director is available on a very limited basis to carry it out. With the services of a dental hygienist at least 5,000 additional Montana children each year could be taught the self-application of fluorides, as well as proper brushing techniques to reduce dental decay.



MAJOR RECOMMENDATIONS

PROGRAM: DISEASE CONTROL

REQUIRED IMPLEMENTATION ACTION: LEGISLATIVE

PRIORITY RATING: 28 of 33

CATEGORY: ADDING NEW SERVICES

Recommendation. An additional \$78,261 should be appropriated during the biennium to support the operations of the Montana Tumor Registry, a component of the cancer program.

Discussion. The Western Interstate Commission on Higher Education, with funds provided through the Regional Medical Program, has initiated the Montana Tumor Registry for the purpose of extracting information regarding cancer patients in Montana and correlating that information with the Rocky Mountain Tumor Registry, a cooperative endeavor with three other states in this area. The State Department of Health was chosen to handle the fiscal management involved with the project with the total costs of operation to be defrayed under a contract with the funds coming from the Western Interstate Commission on Higher Education. The program should have a significant effect in the compilation and evaluation of information regarding cancer cases and should provide much education to Montana physicians regarding this health problem.



MAJOR RECOMMENDATIONS

PROGRAM: MATERNAL AND CHILD HEALTH

REQUIRED IMPLEMENTATION ACTION: LEGISLATIVE

PRIORITY RATING: 29 of 33

CATEGORY: INCREASING EXISTING SERVICES

Recommendation. An additional \$33,700 should be appropriated for the biennium if health services are to be provided to migratory agricultural workers for the period of their contractual employment in Montana.

Discussion. For several years the Department of Public Instruction has employed nurses in their educational program for migrant children of school age. Through our involvement with families referred for attention to their health problems as well as through staff observation, we have learned of the widespread need for health care of this population group. A medical care component with clinic facilities must be made available to these families on an outpatient basis near their place of employment. Some outreach workers recruited from the migrant stream could contribute to the maintenance of health and prevention of illness among these people on a continuing basis. These workers need to be trained in order to provide services and to assist with the planning for necessary medical services to the migrants while they are in Montana. In order to accomplish the goal of providing services to migrants, there must be one person responsible for planning, arranging payment to physicians for their services and for recruitment and training of aides for the outreach portion of the program. The salary and travel expense of a project director would share with physicians' services as major budget items.



MAJOR RECOMMENDATIONS

PROGRAM: DISEASE CONTROL

REQUIRED IMPLEMENTATION ACTION: LEGISLATIVE

PRIORITY RATING: 30 of 33

CATEGORY: INCREASING EXISTING SERVICES

Recommendation. An additional \$6,000 should be appropriated for the biennium to purchase equipment for the Chemistry Laboratory.

Discussion. During the next 24 months, a significant increase in environmental control activities is anticipated which, in turn, will place increasing demands on the Chemistry Laboratory. The requested appropriation represents the minimal amount of new equipment required to meet the increased workload.



MAJOR RECOMMENDATIONS

PROGRAM: HEALTH CARE FACILITIES AND MANPOWER

REQUIRED IMPLEMENTATION ACTION: LEGISLATIVE

PRIORITY RATING: 31 of 33

CATEGORY: PROVIDING GREATER AUTHORITY TO ADMINISTER EXISTING PROGRAMS

Recommendation. Section 69-5212 and Section 69-5216, Chapter 52, R.C.M., Volume 4, Part 1, 1969 Cumulative Pocket Supplement, should be amended to require sponsors of health facility construction to submit an application to the State Department of Health for approval for the need of such facility.

Discussion. Chapter 52, Sections 69-5201 through 69-5221, (Revised Codes of Montana, Volume 4, Part 1, 1969 Cumulative Pocket Supplement) provides for the licensing and regulating of hospitals, long-term care facilities and hospital related facilities by the State Department of Health through the development of standards for construction, operation and maintenance of these facilities. Chapter 53, Sections 69-5301 through 69-5313, designates the Department of Health to administer programs under various federal acts for grant-in-aid assistance for the construction of medical or related facilities and the development of State Plans required under the respective federal acts. In the federal grant-in-aid programs, applications for construction are approved on the basis of need for facilities as reflected in the various state plans. Sponsors of projects making application for guaranteed loans to the Federal Housing Administration for the construction of nursing homes under the provisions of Section 232, or for hospitals under the provisions of Section 242 of the National Housing Act, as amended, are required to obtain a Certificate of Need from the Department of Health as to the need for the proposed facilities. Thus, there is control over the construction of needed health facilities provided in the various federal programs. In recent years private enterprise, through new hospital and nursing home chains, have constructed facilities throughout the nation which in many instances are not needed. This has resulted in a financial burden on voluntary-not-for-profit and local private enterprise facilities. The proposed legislation, if enacted, would prevent the construction of unneeded health care facilities, the duplication of expensive equipment and services, and staffing requirements in which sufficient manpower in the several professional disciplines are not available. There is national concern over the rising cost of health care and this bill, if enacted, would contribute to the control of costs to persons in need of care in the various facilities as well as reducing costs to the taxpayer and persons contributing to the support of these facilities.



MAJOR RECOMMENDATIONS

PROGRAM: HEALTH CARE FACILITIES AND MANPOWER

REQUIRED IMPLEMENTATION ACTION: LEGISLATIVE

PRIORITY RATING: 32 of 33

CATEGORY: IMPROVING COORDINATION WITH OTHER AGENCIES OR PROGRAMS

Recommendation. It is recommended that legislation be enacted to amend the present long-term care facility licensure category of "Personal Care Home: to that of "Intermediate Care Home."

Discussion. Due to the terminology of Federal legislation in using the category Intermediate Care, which is not a definitive category in the state licensure program in Montana, it is recommended that the Legislature change the present Personal Care Home category to that of Intermediate Care. Regulations and standards to provide for the Intermediate Care would require only the addition of staffing requirements of one professional registered or licensed practical nurse on duty 40 hours a week during the day. This change would put the state of Montana licensing program in complete compliance with the Intermediate Care legislation of the Federal Title XIX (Medicaid Program), thereby eliminating much of the misunderstanding existing between Welfare, State Health Department, and operators of licensed facilities in the State of Montana.



MAJOR RECOMMENDATIONS

PROGRAM: HEALTH CARE FACILITIES AND MANPOWER

REQUIRED IMPLEMENTATION ACTION: LEGISLATIVE

PRIORITY RATING: 33 of 33

CATEGORY: INCREASING EXISTING SERVICES

Recommendation. An additional \$35,040 should be appropriated for the biennium to employ an administrative assistant and a public health nurse in the Division of Hospitals and Medical Facilities and to pay related costs.

Discussion. An administrative aide to the director of the division is required to insure timely and orderly workflow, inasmuch as the director is required to travel much of the time and an assistant is needed to follow through on an ever-increasing workload. A public health nurse is needed to provide consultation and assistance to health care facilities throughout the state, to develop an inservice education program for staff, and to arrange workshops, seminars and other means of delivering much-needed assistance to all disciplines in the health facility manpower field.



ANALYSIS OF PROGRAMS

MANAGEMENT SERVICES

Services Provided. Medical supervision of public health programs; business management, including accounting, budgeting, property control, purchasing, building services, and supportive services such as mail, printing and supplies; personnel management, including recruitment, examination, job classification and compensation, accessions, promotions and terminations; inservice training; public health education; financial assistance to local health departments; filing, servicing and statistical analysis of certificates of live births, deaths, fetal deaths, marriages, divorces, annulments, and related records and statistics.

Objectives. The over-all objective of management services is to provide general medical and administrative supervision of all operations of the state public health program, as well as necessary and related supportive services. This includes the selection and promotion of those health programs that can achieve the greatest effectiveness in improving the general health of the people, coordinating intradepartmental program planning and all personnel and divisions into an integrated working unit designed to pursue a total public health program; inservice training for state-level staff, local public health personnel and workers in related professions; public health education directed toward specific target groups and the general public; support and improvement of direct services to the public delivered by local public health units; maintenance of essential vital records and related data, making records available to individuals for whom they are intended, and analyzing data needed for planning and evaluating health and other programs. Management services are geared to produce the maximum cost-benefit ratio in the general health of the public from funds invested in the state public health program.

Target Groups. Although certain management services are directed toward



ANALYSIS OF PROGRAMS

MANAGEMENT SERVICES (Continued)

Target Groups. (Continued)

specific target groups, such as program personnel and related workers in other organizations, the total public health program is pursued for the benefit of the citizens of Montana and visitors to the state, and these, ultimately, are the target groups.

Achievements.

Administration. Work was started on conversion to planned program budgeting.

Aid to Local Areas. A total of \$86,304 was distributed to county health units, enabling these local health departments to continue the staff services of 30 sanitarians and 115 public health nurses which in many cases would not have been possible without state aid.

Merit System. As of June 30, 1970, there were 266 employees, including personnel in county health departments who are covered by the Merit System. During the year, 394 personnel actions were processed.

Training. Monthly professional staff seminars were held to update and enlarge the capabilities of all disciplines. In cooperation with the Western Branch, American Public Health Association and the Montana Health Association, a continuing-education seminar on suicide was held with 60 multi-discipline personnel in attendance. Selected staff attended training sessions on heart disease, maternal and child health, home health services, tuberculosis control, kidney dialysis, mental health, drug abuse, rehabilitation, health care delivery systems, comprehensive health planning, environmental health services, communicable disease control, emergency medical services, microbiology, hearing conservation, accident prevention, family planning, and numerous other topics directly related to their work. Where training sessions were held out-of-state, personnel who attended shared newly-acquired knowledge with other staff -- a procedure considered the most economical for maintaining a high degree of professional competence among all staff.

Health Education. Information on current health issues was conveyed to a selected audience through publication of "Treasure State Health," the monthly bulletin of the State Board of Health and to the general public through newspapers, radio, television. Some 236 titles in the film library received widespread distribution through schools, civic, service and other community



ANALYSIS OF PROGRAMS

MANAGEMENT SERVICES (Continued)

Achievements. (Continued)Health Education. (Continued)

organizations. Pamphlets, brochures, leaflets and other literature on an extensive list of health topics were distributed to the public and assistance with visual aids was given personnel in various divisions for informational and educational programs. Staff of the Division of Health Education maintained the departmental library. Two extensive orientation sessions for new staff were organized during the year. Activities of state-level health education consultants were coordinated with those of health educators employed by local health units and the federal government.

Vital Statistics. The "Annual Statistical Supplement," compiled by the Division of Records and Statistics, was widely used within and without government for planning to meet the needs of Montana's people. Data provided are considered of general interest but more detailed information is usually available on request. Statistical services were provided to the vital registration program, as well as other divisions of the State Department of Health and statistical consultation given to local health departments on request. During the year, data on 27,612 vital events were recorded, including live birth certificates, death certificates, marriage records, and divorce and annulment records. Servicing of records on file involved 17,554 transactions, including certified copies (10,426 paid certified copies were issued @ \$2.00), verifications, corrections and adoptions.

Cost and Performance Summary. The following data are presented in summary form. Additional supporting data are available on request.

.....FISCAL YEARS.....

	Historic 1968-69	Current 1969-70	Projected 1970-71
COST.....	\$266,921	\$324,823	\$338,094



ANALYSIS OF PROGRAMS

MANAGEMENT SERVICES (Continued)

Cost and Performance Summary. (Continued)

PERFORMANCE:

	<u>1968-69</u>	<u>1969-70</u>	<u>1970-71</u>
Total funds administered	\$3,355,027	\$4,749,902	\$4,831,963
% work completed on Planned Program budgeting	10%	25%	50%
Aid to local areas	\$53,319	\$86,304	\$82,250
Total employees	263*	266*	275*

*Includes local health department employees with part salary paid by State Department of Health.



ANALYSIS OF PROGRAMS

MATERNAL AND CHILD HEALTH

Services Provided. The MCH program shares responsibility with other state, local and voluntary agencies to help provide the services children need for a good start in life. Primary prevention programs for high-risk mothers are underway in Butte and Billings; and family planning clinics are meeting a need in Missoula, Billings and Havre to assure that every child is a wanted child and that the mother is in the best state of health possible to undergo another pregnancy. The health education aspect of the MCH program is making a striking impact in school health including education for parenthood, sexuality, drug abuse, venereal disease and safety.

Clinics for well children are held as a means of screening for defects, teaching proper nutrition and properly referring the child for further evaluation or corrective therapy. This may be done at crippled children's clinics, hearing screening clinics (both infant and older), Center for Handicapped Children in Billings, Child Development Center in Missoula, cleft palate clinics in five areas of the state, Heart Diagnostic Center in Great Falls, and through laboratory services for metabolic studies, i.e., PKU, and genetic studies when necessary. Public health nurses coordinate these programs and refer children to physicians for definitive treatment, if necessary. Assistance in paying medical, surgical, and hospital fees is given from the Crippled Children's Program.

Dental health for Montana has improved with education of the public, in-service education for dentists, brush-in clinics, topical fluoride applications in some areas, and fluoride in the water supply in some areas.

Objectives.

1. To provide more well-child conferences (clinics) in the state, which have as their goal, the conservation of the well-child's health and the promo-



ANALYSIS OF PROGRAMS

MATERNAL AND CHILD HEALTH (Continued)

Objectives. (Continued)

tion of the highest level of physical and psychosocial development the child can attain.

2. To increase the use of the well-child nursing conferences throughout Montana to provide more opportunity for mothers to give expression to many questions which concern them regarding the health of their children, and to extend an opportunity for public health nurses to offer anticipatory guidance as the mother is ready to receive it.

3. To increase public health nursing services to mothers, infants and preschool children in selected low-income areas in order to:

- a. improve the course and product of pregnancy through expert nursing and nutrition education;
- b. facilitate provision of medical care to expectant mothers

4. Education of the public about family planning, not from a population control angle, but because it is an intrinsic part of the health of mothers and children.

5. Establishment of family planning clinics as soon as the public is ready for them, either using the clinic itself for services or referring the woman to her family physician.

6. Provide, maintain and promote programs for the diagnosis and evaluation of children with handicapping conditions and for counselling their parents so that the child may have the best life possible.

7. Continue financial assistance, state-wide, for crippled children needing care.

8. Reduce and control dental disease in the general population of Montana through programs of prevention, services, education and research.



ANALYSIS OF PROGRAMS

MATERNAL AND CHILD HEALTH (Continued)

Objectives. (Continued)

9. Develop attitudes, practices, awareness and motivation in Montana families to reduce unnecessary death and disability from accidents.
10. Provide a PKU screening test for every newborn in Montana so cases may be treated before irreversible mental retardation develops.
11. Educate prospective parents regarding the maternity cycle and infant and pre-school care.

Target Groups. Montana's mothers, children and youth, regardless of ethnic background, financial status or creed.

Achievements.

1. The Well-Child Clinic is one of the basic elements of the Maternal and Child Health Program. This past fiscal year, 2,959 children were seen at clinics.
2. Many children were seen at clinics in Billings and Butte under the primary prevention program and 144 pregnant mothers were evaluated and referred to proper medical care, with 2,254 home visits being made by nurses. This program was extended to Butte during this fiscal year.
3. A successful family planning clinic was started in Billings. Both the Billings and Missoula clinics are planning for expansion - Missoula to include several other counties, and Billings to have more services available. Great Falls is in the planning stage.
4. Some 1,300 children received physician's services under the Crippled Children's Services. These children were from 55 of the 56 counties. 551 children received services for the first time, while 749 were continued from previous years. Of the total 1,300 receiving services from Crippled Children's Services, 537 were clinic services; 306 were hospital in-patient care; 847 were seen in the physician's office which resulted in 3,621 visits; and one was provided for in a nursing home.
5. At the Center for Handicapped Children in Billings, during this reporting year, 320 children were seen for team evaluations. One hundred and fifty were evaluated in the bi-weekly medical clinics for physically handicapped; forty-three were seen in the monthly Mental Retardation Clinics, and 137 were seen in the speech and hearing clinics. Thirty-six children attended the Center's Special Education School during the school year. Two



ANALYSIS OF PROGRAMS

MATERNAL AND CHILD HEALTH (Continued)

Achievements. (Continued)

children returned to their home communities to attend regular school and five were referred to the State School for the Deaf and Blind in Great Falls.

6. In 1969, 23 babies were born with cleft lip and/or palate. Twenty were registered, two moved out-of-state, and one was referred to a Center outside of the state. One hundred and forty-four children were seen in Cleft Palate Clinics throughout the state. Three hundred and seventy-nine received either clinic evaluations or some financial assistance.

7. At the Child Development Center in Missoula, 104 new children were seen at diagnostic and evaluation clinics at the Center, and 323 children were seen on return visits. The public health nurse made 361 follow-up visits. The Center serves as a training area for predoctoral students in psychology from the University; for premaster students in speech and hearing and social work education, all working under supervision from the University.

8. At the Heart Diagnostic Center in Great Falls, 576 patients were referred by physicians throughout the state. Two came from out-of-state. Two hundred and seventy-one patients were referred for the first time and 305 were seen in follow-up examination. Of the state's 56 counties, patients came from 45 of them. Fifteen patients were sent to the Regional Centers for evaluation only. Twenty-six patients had surgery at the Regional Centers. Thirty-three patients had surgery deferred or proved inoperable. One decision is still pending. A total of 59 patients have been sent to Regional Centers for evaluation and/or surgery. One hundred and forty-six patients have received penicillin prophylaxis to prevent rheumatic fever. Seventy-two student nurses from the University System who affiliate at the various hospitals have rotated through the Heart Center for observation. Three classes have been taught concerning Rheumatic Fever and Congenital Heart Disease. A video tape was made concerning physical examination and care of the congenital heart patient for the purpose of assisting in the training of student nurses from Montana State University. A special clinic was held at Browning at the U.S. Public Health Service Hospital to examine patients and give current information to the physicians and public health nurses in that area.

9. Hearing loss is America's No. 1 physical impairment; noise pollution is Montana's No. 1 cause for hearing impairment in the population over 16 years of age. Seven-thousand five-hundred and fifty-four children were given a hearing screening test in 1969 and 330 children received diagnostic audiological evaluations.

10. At the Information and Referral Center in Great Falls, approximately 1,000 initial contacts were made during the year in need of some sort of health care. Two hundred and fifty were in economic need and were referred to proper agencies for help. One hundred and eighty-four were referred for family counseling and 30 were referred to other agencies to help make



ANALYSIS OF PROGRAMS

MATERNAL AND CHILD HEALTH (Continued)

Achievements. (Continued)

their home situations more enjoyable. Thirty-eight enquiries were requesting information about camping and group recreation in the Great Falls area, and 33 were calls to get volunteer services to hospitals and other agencies who could utilize volunteer services.

11. Dental Health has financially assisted Chester, Kremlin, Hingham, Rudyard, Joplin, Darby, White Sulphur Springs, Inverness and Gildford, as well as Boulder River School and Hospital and Twin Bridges Children's Center to purchase, install, and maintain fluoridation equipment. Results show as much as a 50 percent reduction in DMF rates where fluorides have been added to the water. Ninety local practicing dentists from all regions of Montana have been trained at Boulder River School and Hospital to do dentistry on children who are mentally retarded. Two new service projects have been started, the Self-Application of Fluoride and "Brush-Ins". It is felt that these projects will help decrease cavities.

12. The Microbiology Laboratory tested 11,996 children for PKU. One case of PKU was detected. The average cost of maintenance of a case of mental retardation is \$150,000. The cost-benefit ratio of this program therefore is 1:15.

13. Some 206 mothers and 92 fathers attended 20 classes on Education for Parenthood. A total of 3,942 home visits were made to infants and pre-schoolers to provide proper guidance.

14. Family planning educational programs were developed in Custer, Teton, Hill, Lewis and Clark, Missoula and Yellowstone counties, and an educational program was conducted each three months at the state facility for unmarried mothers.

15. A state advisory committee on family planning was organized.

16. Health educators assisted in planning a maternity workshop for nurses which included family planning.

17. A wide range of school health activities were carried out, including discussions on family planning for high school students, at the request of both students and instructors; workshops on sexuality for teachers and nurses at the University of Montana and Eastern Montana College; smoking and health workshops for teachers from throughout the state and students at the School for Deaf and Blind; educational sessions for teachers, students and community people in seven localities and statewide distribution of films and printed materials on drug abuse; planning with the Butte schools on drug education for teachers and planning with the Department of Public Instruction on drug abuse education for all teachers in the state; revision of the Information Section of the Guide for the Montana School Health Program and distribution begun to schools; assistance in planning a migrant health program that will reach mothers and children; educational material on mentally retarded children distributed to 450 schools in



ANALYSIS OF PROGRAMS

MATERNAL AND CHILD HEALTH (Continued)

Achievements. (Continued)

the state; promotion of pre-school vision screening in every county of the state.

Cost and Performance Summary: The following data are presented in summary form. Additional supporting data are available on request.

.....FISCAL YEARS.....			
	Historic 1968-69	Current 1969-70	Projected 1970-71
COST.....	\$867,831	\$939,079	\$802,582
PERFORMANCE:			
	<u>1968-69</u>	<u>1969-70</u>	<u>1970-71</u>
% of population covered by Family Planning Services	10%	20%	40%
No. children receiving services in Well-Child Clinics	878	2,959	4,000
No. hi-risk mothers admitted to nursing service	205	144	250
No. school children screened for vision and hearing by public health nurse	117,790	154,804	175,000
No. handicapped children receiving physician's services under the Crippled Children's Services	1,300	*1,300	1,300
No. children receiving audiological evaluation	392	330	500
No. communities fluoridating their water supplies	4	11	statewide
No. children receiving instruction and motivation for self-application of fluoride and brushing of teeth	474	5,012	7,500
No. prospective parents receiving Education for Parenthood Classes	435	298	350

*New figures not available



ANALYSIS OF PROGRAMS

COMMUNICABLE DISEASE CONTROL

Services Provided. Surveillance of communicable diseases in the state; epidemiological services to local areas, when needed; direction and assistance with epidemic control; immunization, when necessary; improvement in case finding, especially in tuberculosis and venereal disease; diagnostic and evaluative laboratory services in the detection and follow-up of these diseases; follow-up for contacts; provision of drugs for prevention; and education and information to the public on prevention of communicable diseases, are offered.

Objectives. To provide as disease-free an environment for the people of Montana as is possible, and to continue to maintain those communicable diseases for which preventable measures are available at a level attainable with modern immunizing agents. Polio, smallpox, tetanus and diphtheria should not be seen in Montana; rubeola, mumps and rubella should be less than ten per 100,000; venereal disease incidence should be decreased by 50 percent; and good surveillance maintained of non-preventable communicable diseases to produce a reduction of 25 percent in the total annual incidence.

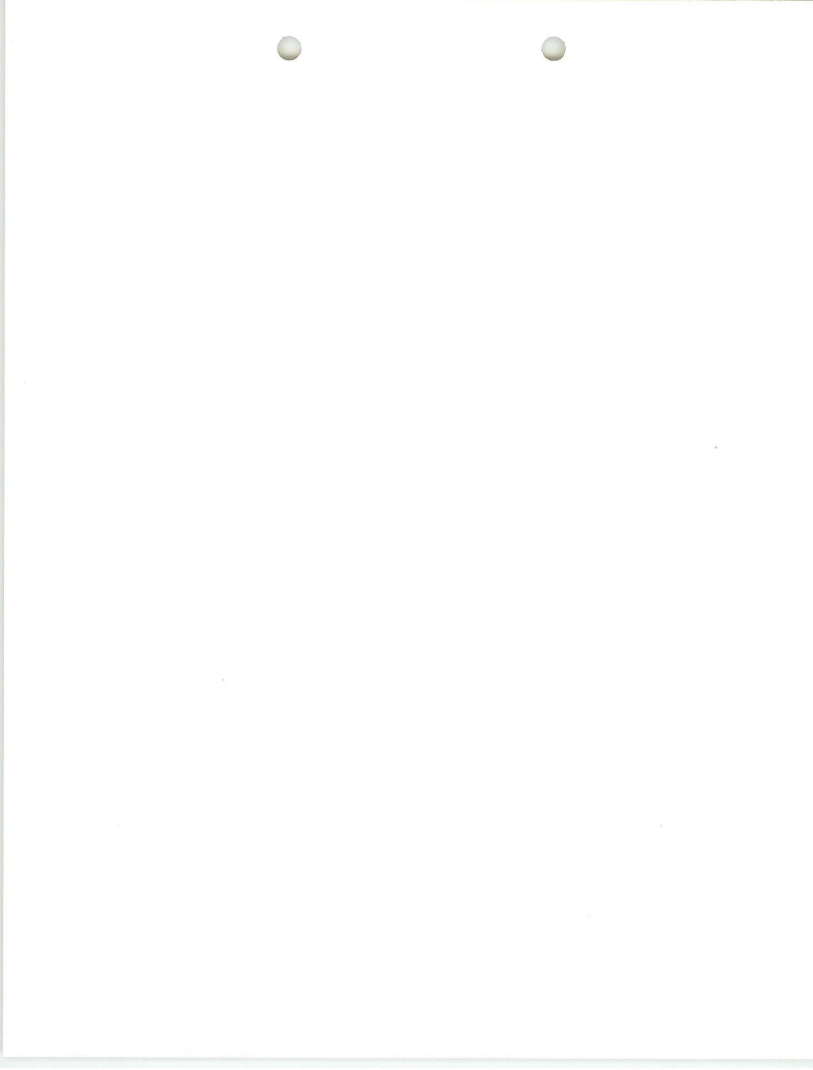
Target Groups. All segments of the population of the State of Montana, regardless of ethnic background, financial status or creed.

Achievements.

Venereal Disease Section. The venereal disease program continued its efforts in the epidemiology of three reported cases of early infectious syphilis. Attempts are being made to improve the reporting of all infectious cases so they may be investigated to prevent the spread of syphilis. About 25 percent of 519 reported cases of gonorrhea were interviewed for contacts.

Immunization Section.

1. If we compare incidence of disease in 1965 with incidence in 1969, we come up with the following figures:



ANALYSIS OF PROGRAMS

COMMUNICABLE DISEASE CONTROL (Continued)

Achievements. (Continued)Immunization Section. (Continued)

	<u>1965</u>	<u>1969</u>
Diphtheria	1	0
Tetanus	0	1
Pertussis	30	7
Polio	2	0
Smallpox	0	0
Measles	1,461	122
German Measles	2,526	107
Syphilis	158	60
Gonorrhea	467	519

2. Since May, 1964, we have distributed 73,691 doses of polio vaccine; 62,494 doses of DPT vaccine, and 42,705 doses of measles vaccine through private physicians, local public health clinics, Indian Health units and mass clinics, to the public. For example, in the case of measles, we estimated there were 59,000 susceptible children under the age of eight years. Through our 69 mass clinics and other sectors of medicine, we have immunized 42,705 children and reduced our incidence from 1,974 in 1967 to 58 in 1968, or a 97 percent decrease.

3. During fiscal year, we began the Rubella Eradication Program. An estimated 144,000 children between the ages of one and twelve are to be immunized. A total of 64,870 children were immunized against rubella during the year through rubella clinics and cooperating agencies.

Tuberculosis Control Section.

1. The establishment of out-patient clinics in Great Falls and Missoula Health Departments is expected to increase the case-finding potential. Some 108 new active cases were found in Montana and brought under treatment with 98.6 percent having positive bacteriological reports. The balance were non-pulmonary cases. The number of active cases at home on drugs increased from 70 percent in 1968 to 83.4 percent, and 79.5 percent of this group had current bacteriology in comparison to 74 percent in the last fiscal year.

2. The quality of the nursing program was improved so that 535 significant contacts were named with 460 brought to examination. With this more selective, intensive follow-up, five cases were found and 123 contacts placed on INH therapy. This compares to 1968 when 891 contacts were named, only one case found and therapy was only incidental.

One nursing consultant is assigned full-time to Tuberculosis Control, spending her time allotted to supervision with project nurses in Butte, Missoula and Great Falls. In areas without tuberculosis nurses, she assists local staffs with follow-up of tuberculous patients.



ANALYSIS OF PROGRAMS

COMMUNICABLE DISEASE CONTROL (Continued)

Achievements. (Continued)Tuberculosis Control Section. (Continued)

3. School programs were done in elected areas on children from kindergarten through grade twelve. There were 8,812 children tested, with a reactor rate of less than one percent. There were no reports of Isoniazid therapy. Doctors are slow to accept this theory and are more prone to put child contacts on the drug and not adults; therefore, this objective was not met, except in one project area (Butte) where the disease incidence is high. Here, 1,400 school entrants were done in the health department. The reactor rate was four percent and 31 of the 56 reactors were put on INH.

Epidemiology Section.

1. A rubella syndrome central register program was established, in which rubella-afflicted children could be identified so that services which would make these individuals productive citizens could be begun.

2. An epidemiological study to determine the risk of mosquito-borne encephalitis in Montana was carried out. As a result, there is the tentative conclusion that a substantial risk of becoming infected with viruses does exist but the chances of becoming seriously ill appear small.

Microbiology Laboratory.

Reference diagnostic tests were provided for: Vaccinable Diseases - rubella (German measles), rubeola (hard measles), polio-myelitis, diphtheria, tetanus, whooping cough, influenza and Rocky Mountain Spotted Fever; and other diseases - Q fever, typhus fever, Colorado tick fever, Coxsackie and ECHO viruses, mycoplasma, adenoviruses, psittacosis, rhinoviruses, salmonella, shigella, and other enteric pathogens, infectious mononucleosis, staphylococcal infections, streptococcal infections, infections due to ameroles, tuberculosis, infections due to other pathogenic organisms, malaria, worms, and other parasitic infestations, fungus infections and venereal diseases. Antibiotic sensitivity testing on mycobacteria; and on other bacteria if not available locally.

The microbiology laboratory performed 45,505 tests in support of communicable disease control. We have instituted serologic tests for evidence of infection by rubella as a routine procedure. This is particularly important during the first trimester of pregnancy to detect infection by rubella virus which could result in a birth defect. About 17 percent of persons in Montana are susceptible to the virus.

Salmonellosis is endemic in Montana and salmonella were identified 136 times in our laboratory. Dysentery (shigellosis) is continually present on the Indian reservations and 136 isolates were made. A program which will be expanded is throat culturing for hemolytic streptococci as a procedure to support efforts to prevent rheumatic fever and rheumatic heart disease. The



ANALYSIS OF PROGRAMS

COMMUNICABLE DISEASE CONTROL (Continued)

Achievements. (Continued)Microbiology Laboratory. (Continued)

cost-benefit ratio of this program has been estimated to be 1:25. Group A beta-hemolytic streptococci were identified in 305 throat cultures. Determination of species was carried out on 931 microorganisms isolated in surgical bacteriology (abscesses, wounds, drainages, eyes, ears, spinal fluids, etc.).

Virology.

Although our "mass-production programs" in this area have been influenza and rubella, we have actively pursued other viral diseases. The enteroviruses always are active at the end of the summer. Poliomyelitis type I and type III viruses have been isolated. Other enteroviruses which have been present in the state are: Coxsackie A9, B3, B4, and B5; and ECHO 9, 14, and 30.

Cost and Performance Summary: The following data are presented in summary form. Additional supporting data are available on request.

.....FISCAL YEARS.....

	Historic 1968-69	Current 1969-70	Projected 1970-71	
COST.....	\$ 239,434	\$ 233,767	\$ 250,383	
PERFORMANCE:				
		68-69	69-70	70-71
Total cases of early infectious syphilis		14	3	25 (1)
Total cases of gonorrhea		473	519	550 (2)
Children under 8 susceptible to rubeola		16,295	3,000	1,000
Children ages one-12 susceptible to rubella		185,760	123,852	5,000
% of total population immunized against polio		70%	60%	80% (3)
Cases of tuberculosis		101	108	115 (1)
Active tuberculosis cases at home on drugs		70%	83.4%	90% (4)



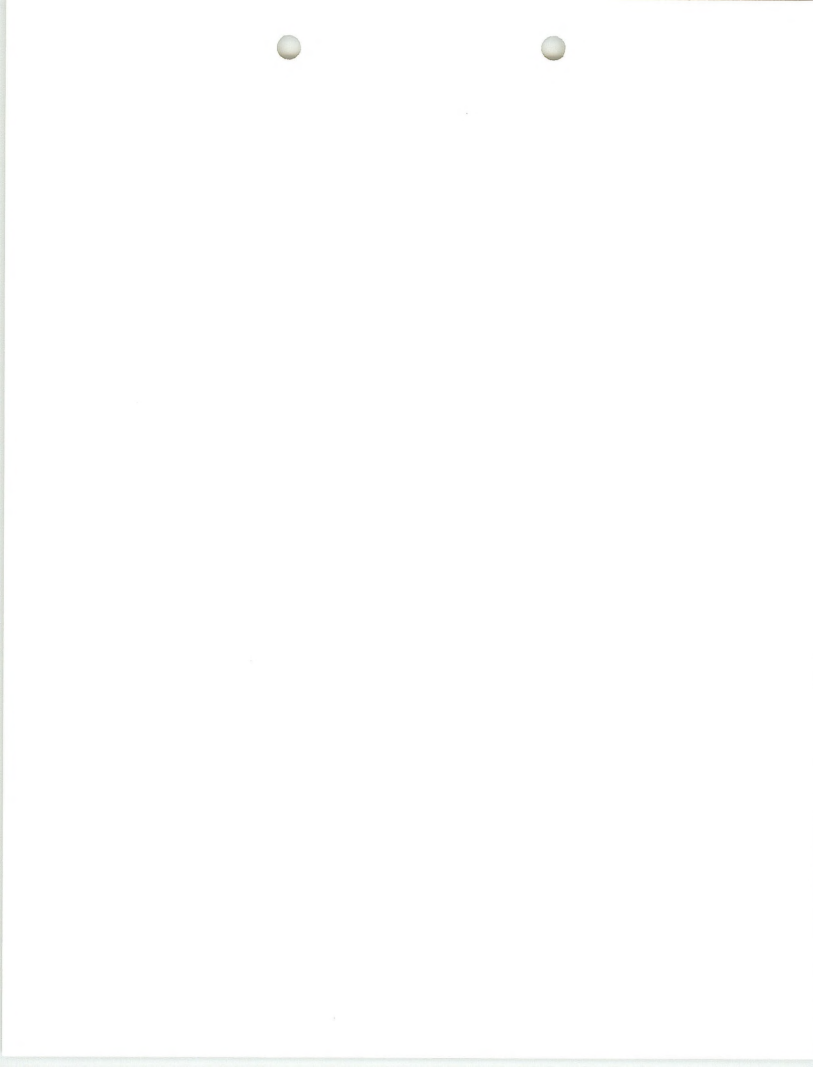
ANALYSIS OF PROGRAMS

COMMUNICABLE DISEASE CONTROL (Continued)

Cost and Performance Summary (Continued)

PERFORMANCE (Continued)

- (1) Increases in numbers of reported cases are usually a direct reflection of improved case finding and better control of infectious diseases.
- (2) An epidemic of gonorrhea is sweeping the nation with cases reported up 50 percent.
- (3) Since the mass immunization campaigns against polio, immunity in the population has decreased. This should serve as a warning that renewed efforts are needed.
- (4) Improved control of tuberculosis will result from drug therapy.

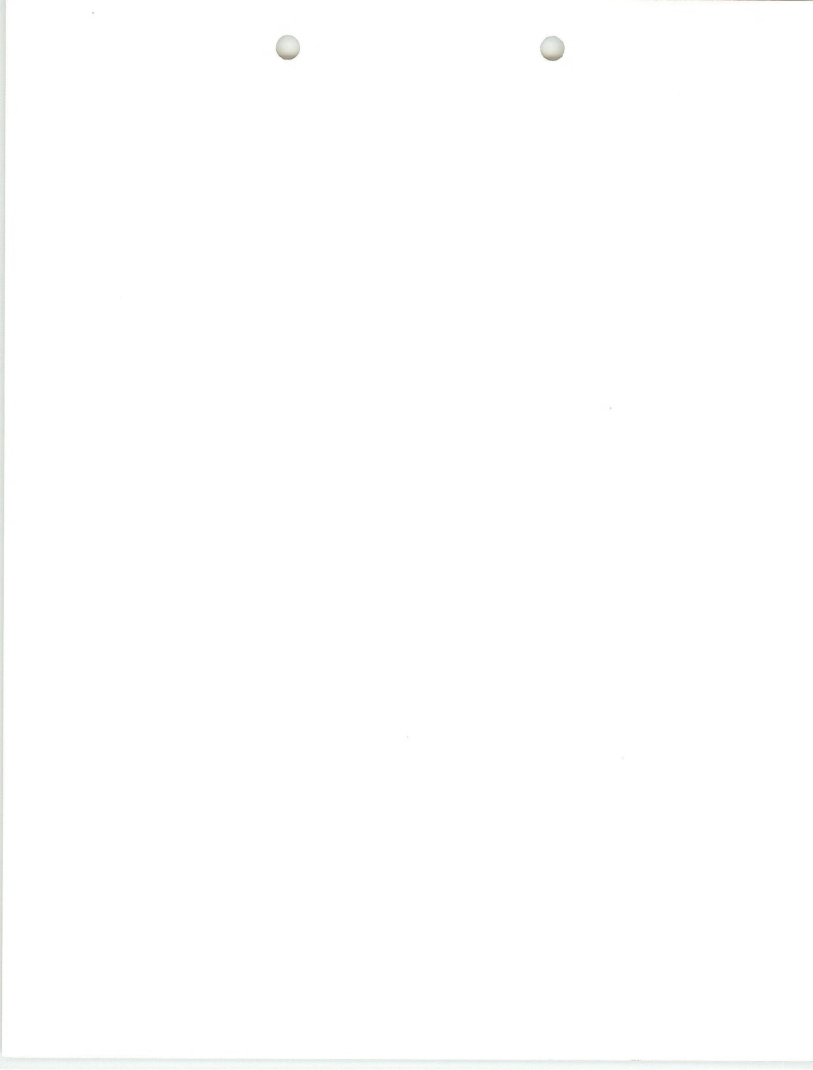


ANALYSIS OF PROGRAMS

PERFORMANCE: (Continued)

	<u>68-69</u>	<u>69-70</u>	<u>70-71</u>
No. of adults clinically evaluated by audiologists	394	175*	300

* Staff reduced to one audiologist



ANALYSIS OF PROGRAMS

ADULT HEALTH

Services Provided. Early diagnosis and assurance of follow-up therapy and rehabilitation for heart disease, cancer, diabetes, and hearing disability; promotion of adequate nutrition for the chronically ill; assurance of improved emergency care both by ambulance and hospital emergency personnel; laboratory service to determine blood alcohol levels; safety education of agency personnel and the general public; assistance in the support of alcohol and drug dependence prevention, treatment and control are provided.

Objectives.

1. To provide consultation and diagnosis to physicians in Montana for rheumatic and congenital heart disease for adults. Montana has no open-heart surgery at present. Because heart disease is the leading cause of death, the Adult Heart Diagnostic Center in Missoula has increased its intake by about 10 percent as more heart cases are identified and physicians feel the need of consultation.
2. To find the hidden diabetic in Montana's population and urge him to seek proper medical care.
3. To effectively integrate nutrition services into all chronic disease programs.
4. To provide chemical laboratory services in all public health programs where they are considered necessary.
5. To encourage the development of adequate emergency medical services throughout Montana.
6. To further support tumor clinics and coordinate a cancer education program with other agencies.



ANALYSIS OF PROGRAMS

ADULT HEALTH

Objectives. (Continued)

7. To demonstrate the value of a total hearing conservation program for all ages.
8. To develop attitudes, practices, awareness, and motivation in Montana families to reduce unnecessary death and disability from accidents.
9. To work with federal, state, and local agencies to effectively use facilities, resources, and funds for the control of alcohol and drug dependence.

Target Groups. All segments of Montana's adult population, regardless of ethnic background, financial status or creed.

Achievements.

Adult Heart Diagnostic Center. Sixty-two patients, referred by their physicians, received definitive evaluation and the case load increased about 10 percent over the previous year. Projections for 1968-1970 biennium show the following:

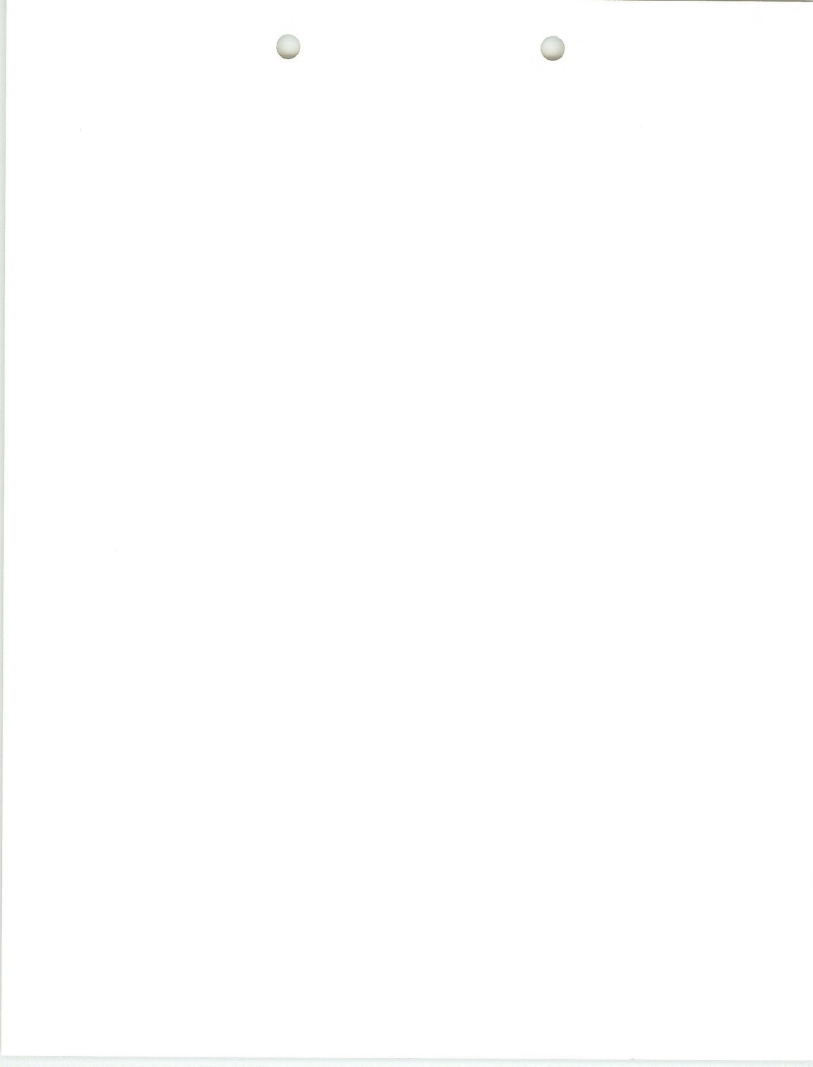
New patients referred for first evaluation	35
Old patients referred for follow-up visits	76
Total number of patients visited in Missoula	111
Number of patients with appointments in May and June	7
Total number of projected visits	118

Patients referred out of state:	19
For evaluation and study only	4
For evaluation and catheterization	12

Diabetes Program. A total of 19,580 Montanans (mainly over 30) were screened for diabetes and 445 were referred to their physicians for more definitive diagnosis. Thirty counties have now been screened.

Nutrition. Consultation, diet counselling, and nutrition education have been both a program of direct service and of training for groups working with the chronically ill.

Emergency Medical Services. During the year, 155 people attended training programs in emergency care. The training sessions were designed for ambu-



ANALYSIS OF PROGRAMS

ADULT HEALTH (Continued)

Achievements. (Continued)

lance attendants and driver, emergency room personnel, law enforcement agencies, fire departments and rescue units. The number of ambulance services with direct communications with hospital emergency rooms was increased to ten, over one for the previous year. Presently the community of Conrad is holding an in-depth Emergency Medical Technician Course for Conrad and the surrounding communities. There are over 30 people registered for this course. This training course, being advanced in Montana, was devised by the American College of Surgeons and the U. S. Department of Transportation. This course has not been taught by more than a half dozen major medical centers and is one of the first in the northwestern part of the nation. Participants from Conrad, Valier, Dutton, Shelby, Cut Bank and Browning are attending the 72-hour training session, which will also include one weekend of on-the-job training in the emergency, obstetric, psychiatric and intensive care units of hospitals. Some indication of interest can be seen in the heavy traveling necessary for participants from Browning who will have traveled more than 4,000 miles to attend the sessions by the time they have completed the course.

Hearing Conservation. Some 1,213 adults were screened for hearing difficulties and 175 were clinically evaluated by staff audiologists. Education for prevention of hearing loss, screening programs; and assistance in adjustment to and advice about hearing aids for adults have been done. This program has been very effective but will have to be curtailed because of finances.

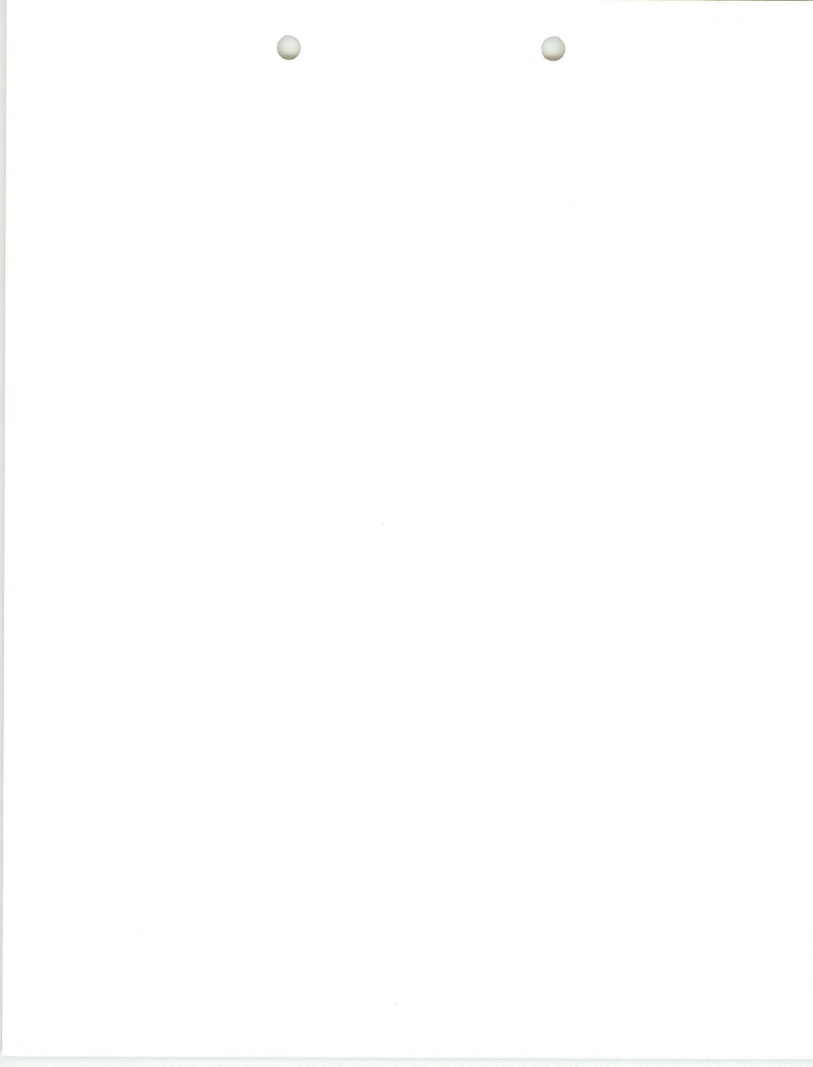
Safety. A state-wide safety committee has been established; work has been done in nursing homes, and an approach has been made in several pilot counties.

Alcohol and Drug Dependency. During fiscal 1970, the commission was appointed by the governor, organized itself and held quarterly meetings. During the last quarter, a director was appointed.

Chemistry Laboratory. A total of 768 tests for blood alcohol were performed for the Highway Patrol.

Cancer Register. A cancer register was established, in conjunction with six other states in the region, a new service that will lead to better care and earlier diagnosis for cancer patients.

Health Education. A seminar on suicide problems and prevention was held with 60 multi-discipline persons in attendance. Health educators worked with the Helena Alcoholism Information Center in volunteer training, program planning, and serving on the advisory board. Educational programs on drug



ANALYSIS OF PROGRAMS

Health Education. (Continued)

abuse were conducted for adult groups in six areas of the state. Safety education was launched on carbon monoxide poisoning, injury control, electrical safety, pedestrian safety, retro-reflective tapes, and mass media were used extensively for public information and education. Planning was done with the Extension Service to assist Homemaker groups throughout the state with health programs and projects.

Cost and Performance Summary: The following data are presented in summary form. Additional supporting data are available on request.

.....FISCAL YEARS.....

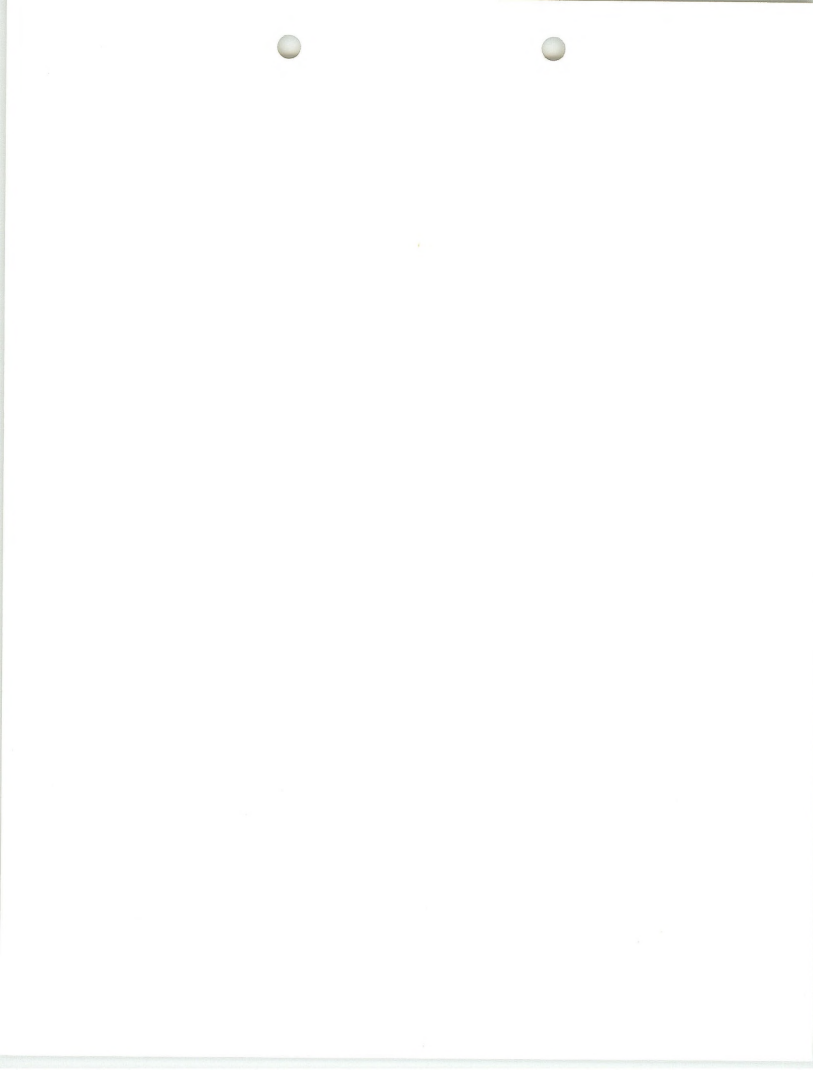
	Historic 1968-69	Current 1969-70	Projected 1970-71
COST.....	\$164,770	\$179,291	\$243,794
PERFORMANCE:	<u>68-69</u>	<u>69-70</u>	<u>70-71</u>
No. of patients referred to Adult Heart Clinic	56	62	70
No. of adult patients referred out-of-state for evaluation and surgery	6	6	8
No. of adults screened for hidden diabetes	2,239	19,580	25,000
No. of adults referred for definitive diagnosis for diabetes	102	445	490
No. blood alcohols in chemistry laboratory run for Highway Patrol	646	768	922
No. ambulance attendants trained in emergency care	100	155	250
% ambulance services which have installed modern communication systems	61.3%	69.6%	75%
No. of ambulance services that have direct communication with hospital emergency rooms	1	10	15
No. of adults screened for hearing difficulties	978	1,213	2,000



ANALYSIS OF PROGRAMS

HEALTH CARE FACILITIES AND MANPOWER

Services Provided. The State Department of Health is the sole agency for establishing and administering statewide plans for the construction, modernization, equipment, maintenance or operation of hospitals and medical or related facilities for the provision of care, treatment, diagnosis, rehabilitation or related services. It received and administers federal grants for the construction of hospitals and related facilities, facilities for the mentally retarded and community mental health centers. Surveillance of home health agencies for Medicare and Medicaid is provided, as well as assistance to communities in developing home health services, upgrading services and statewide program planning and evaluation. Information and training is provided to the health professionals to prepare them to meet the health needs of the public during natural or nuclear disasters. Training is offered the public so that individuals are better prepared to help themselves during disasters when physicians or other health personnel are not available. The department also assumes responsibility for assisting with the education of nurses for Montana by giving consultation to the Curriculum Committee of Montana State University and for arranging public health field placements for student nurses. It also carries on an active recruitment program for public health nurses. The department licenses all hospitals, medical and related facilities on an annual basis, promulgates standards for licensure, determines civil rights compliance, recertifies hospitals, independent laboratories, extended care facilities and home health agencies for participation in Medicare. Registration is provided for facilities making laboratory examinations for communicable diseases, as well as for personnel working in these laboratories. Bench training in clinical microbiology is given under the MED-LAB program of the Montana Regional Medical program.



ANALYSIS OF PROGRAMS

HEALTH CARE FACILITIES AND MANPOWER (Continued)

Objectives. Through the development of state plans, provision is made for a coordinated, comprehensive program of needed health services and facilities designed to assure high quality patient care. These plans also serve as the basis for the allocation of funds from all sources for modernization and construction, as well as for the administration of federal grants-in-aid. The licensure of medical facilities, or the certification of these facilities, laboratories and home health agencies for Medicare participation, assures that health care is provided by facilities that are environmentally safe and staffed by qualified personnel who consistently follow approved methods. Home health services are developed as an alternative to institutional care. Nursing education and recruitment and emergency health planning are geared to improve the critical shortage of health manpower, to provide alternatives for conventional medical care and to maintain a stockpile of disaster hospitals at strategic locations throughout the state.

Target Groups. Montana's total population.

Achievements.

Hospital Construction. Montana received an allotment of \$818,782 for the fiscal year 1969-1970 for hospital and medical facilities construction (Hill-Burton) which was \$388,927 less than for the previous fiscal year. Since most projects utilize federal funds from several years' allotments, these funds were utilized on projects under construction at Plentywood, Sidney, Glasgow, Whitefish, Conrad, Terry, Harlowton, Columbus, Billings (Montana Center for Handicapped Children) and the Missoula Rehabilitation Center at Missoula. These facilities have a total estimated cost of \$9,311,049 and provide for 181 new hospital beds and 160 nursing home beds. In addition to funds allocated to Montana, funds in the amount of \$150,045.73, through negotiation, were transferred from other states for use at the Missoula Rehabilitation Center, an outpatient facility.

In the mental health category, Montana received an allotment on May 11, 1970, of \$102,967 for fiscal year 1969-1970. These funds are available for the next fiscal year. Contracts were awarded on February 20, 1970, for the remodeling of an existing building at Billings to serve as a Community Mental Health Center for the South Central Montana Mental Health Region. Federal



ANALYSIS OF PROGRAMS

HEALTH CARE FACILITIES AND MANPOWER (Continued)

Achievements. (Continued)Hospital Construction. (Continued)

funds were also utilized in the purchase of the building. The total estimated cost of this project is \$353,472, including \$147,522 in federal funds.

Construction contracts were awarded on February 19, 1970, for the construction of six cottages to house 152 mentally retarded patients at the Boulder River School and Hospital at Boulder. This has a total estimated cost of \$1,568,816, including federal funds in the amount of \$668,815.92. Other facilities in the mental retardation category include the Eastmont Training Center at Glendive to serve 32 retardates at an estimated cost of \$429,529, including the federal share of \$227,529; the Montana Center for Handicapped Children, an outpatient facility for mentally retarded and rehabilitation facilities with the cost shown for the mental retardation portion only. Part 1 of the application for remodeling of the Butte Sheltered Work Shop at Butte has been approved. The estimated cost is \$28,889 with the federal share in the amount of \$15,889.00. This facility provides work evaluation, personal-social counseling, work adjustment training, placement either in the workshop or in competitive industry and follow-up services. It serves patients in need of these services from the Boulder River School and Hospital, the Warm Springs State Hospital and others in the Butte area in need of these services.

Since Montana receives a minimum allotment of \$100,000 annually for the construction of facilities for the mentally retarded, additional funds were obtained through the transfer of unused Montana allotments for mental health in the amount of \$285,666 and the transfer of unused allotments from other states in the amount of \$463,203.71.

Payments made to project sponsors during the reporting period were in the amount of \$2,280,623.97.

Licensing and Certification. During the 1969-70 fiscal year:

- 174 hospitals, medical and related facilities have been licensed.
- 93 facilities have been certified for Medicare participation.
- 7 independent laboratories were certified.
- 12 home health agencies were certified.
- 35 homes have been registered to care for three residents or less.
- 17 special investigation visits were made.
- 2 new facilities were licensed after an initial survey.

Staff members attended for continuing education, 25 conferences, seminars and workshops; conducted, organized or participated in 19 sessions of continuing education for health care facility personnel.

A first draft was prepared of revised standards for licensure of hospitals and related facilities.



ANALYSIS OF PROGRAMS

HEALTH CARE FACILITIES AND MANPOWER (Continued)

Achievements. (Continued)

Home Health Services. Seventy-five percent of Montana's population has available home-delivered preventive, curative, rehabilitative and departive services as an alternative for institutional health care. Fiscal Year 1970 showed 11 agencies surveyed and 30 visits made to agencies for consultative purposes and 9 meetings sponsored or participated in for home health agency staff benefit. Fiscal Year 1970 showed a 13% decrease in availability of home health service over the previous year. Two new agencies were added to the total and three agencies were decertified.

Emergency Health Planning. During the fiscal year, 21,031 people were trained in Medical Self Help and 222 health professionals received Emergency Health Services training. Five health facilities reached a state of emergency health preparedness. A stockpile of 9,000 patient days of Hospital Reserve Disaster Inventories were received in the state. Three communities affiliated with Packaged Disaster Hospitals received training and orientation related to the PDH. A state Emergency Health Services plan was printed and distributed.

Nurse Manpower. Eighty student nurses and 26 registered nurse students of Montana State University were provided with field placements in public health nursing. Nurses were recruited for five Eastern Montana counties, although none had professional training in public health. As a means of upgrading nurse qualifications, seminars on a wide variety of topics were offered. Some of the subjects covered included suicide, skilled development in rehabilitative nursing, high school sports injuries, medical seminar, mental health, sex and sexuality, maternal and child health nursing, heart diseases, health care delivery systems, drug abuse, supervision, home health agency administration, the study of nursing and nursing education, leadership of adolescent discussion groups, tuberculosis control and kidney dialysis.

Cost and Performance Summary. The following data are presented in summary form. Additional supporting data are available upon request.

.....FISCAL YEARS.....

	Historic 1968-69	Current 1969-70	Projected 1970-71
COST.....	\$274,574	\$305,755	\$299,354



ANALYSIS OF PROGRAMS

HEALTH CARE FACILITIES AND MANPOWER (Continued)

Cost and Performance Summary. (Continued)

PERFORMANCE:

	<u>1968-69</u>	<u>1969-70</u>	<u>1970-71</u>
Total federal funds for hospital and medical facility construction, including mental health and mental retardation	\$1,573,028	\$1,021,749	\$4,418,090xx
% population served by home health services	75%	62%*	42%*
No. persons trained in medical self-help	19,149	21,031	22,000
Total public health nurses	139	134*	136*

*Reduction due to a narrowed definition of home health services under Medicare.

xxGrants and loan guarantees (U.S. Public Health Service estimates).



ANALYSIS OF PROGRAMS

COMPREHENSIVE HEALTH PLANNING

Services Provided. Selecting and applying measures of evaluation to determine the health needs of Montanans; undertaking studies to define the scope, nature and location of health problems and to identify and assess the resources available and necessary to solve them; development of short and long-range policy and action recommendations and projects for meeting the health needs of Montanans through public, voluntary and private efforts; promoting the development of area-wide health planning organizations; providing channels of communication among private, public and voluntary agencies concerned with health and health-related functions; recommending measures for the assignment and coordination of health functions in Montana which promote maximum efficiency and minimum overlap and duplication of functions and resources; development of an effective information system designed to generate and/or use data, statistics and other information material necessary to formulate planning priorities and recommendations; and developing methods for evaluating health programs and their effectiveness in attaining the goals established through comprehensive health planning.

Objectives. Congress, with the passage of P.L. 89-749, declared that comprehensive health planning shall be created to assist in assuring that this nation provides the highest level of health attainable for every person in an environment which contributes positively to healthful living. The goals developed by the Montana health planning agency are: to develop an adaptive health services system that meets the needs of all Montanans by providing for the most effective utilization of available and potential health manpower resources while ameliorating current manpower shortages, by helping health facilities to meet the real health needs of the populations they affect, by developing a system which puts the stress on prevention and emphasizes programming for areas and groups that have a high incidence of illness, and by determining approaches to lessening financial barriers



ANALYSIS OF PROGRAMS

COMPREHENSIVE HEALTH PLANNING (Continued)

Objectives. (Continued)

presently restricting access to comprehensive health care; to obtain and preserve a suitable habitat -- in terms of health -- for Montanans.

Target Groups. Activities undertaken by the Comprehensive Health Planning agency have focused -- at this point in time -- most strongly on providing some means of providing health care to those not now receiving the most adequate levels of such. These target groups would include the poor, ethnic minorities and those living in rural communities where services are not available. Many activities, however, will have an effect on all Montanans and the ultimate benefit of planning for health shall be greater personal health for each Montanan.

Achievements. During the 1969-70 fiscal year, the Comprehensive Health Planning Agency developed health planning associations in the State's five planning districts; promoted public awareness of the State's manpower problems and alternative approaches to meeting the problems, specifically the use of nurse practitioners in rural areas, and the study of the feasibility of training on the master's level people in Montana to engage in the practice of medicine on a sub-physician level (such a person would assist physicians in some cases or work in rural areas where adequate physician services are not available); initiated the examination of health care delivery to low-income persons, as seen by low-income persons and health providers; developed a program to secure maximum utilization of the tuberculosis institution at Galen; launched a patient origin study to gather quantifiable data concerning the geographic distribution of persons using hospital facilities, including the socio-economic and personal characteristics of these persons; publication of numerous supportive materials; enhancement of coordinated activities with other agencies through seminars, conferences and meetings.

As mentioned, the target group are those persons not having access to quality medical care, whether it be a result of where he lives or now he lives. The potential impact from the adding of a member to the health team (the community nurse feasibility study launched this fiscal year) will be to provide secondary services to persons not now receiving any services or very limited health services. Further impact directed at target groups will emanate from the patient origin study and from the examination of health care delivery to low-income persons, which was conducted by a task force--a third of whose members were low-income people. Many good ideas for communicating to the low-income persons available resources, for cutting through tape to get at the nutrients underneath,



ANALYSIS OF PROGRAMS

COMPREHENSIVE HEALTH PLANNING (Continued)

Achievements. (Continued)

for showing the human differences which pose real problems when low-income persons are brought together with members of the affluent society, will result from the expected 5,000 pages of testimony collected by the task force.

Cost and Performance Summary. The following data are presented in summary form. Additional supporting data are available on request.

.....FISCAL YEARS.....

	Historic 1968-69	Current 1969-70	Projected 1970-71
COST.....	\$49,174	\$92,603	\$108,000

PERFORMANCE:

	<u>1968-69</u>	<u>1969-70</u>	<u>1970-71</u>
Effectiveness of areawide planning	10%	25%	40%
Effectiveness of state-level planning	10%	25%	60%
Total Montanans involved in Comprehensive Health Planning	300	3,150	15,595
% of acceptance of Comprehensive Health Planning	5-10%	15-30%	40-60%



ANALYSIS OF PROGRAMS

ENVIRONMENTAL CONTROL

Services Provided. Control of air, water and pesticide pollution; industrial hygiene services; surveillance of public water supplies; assistance to local governments in developing proper solid waste management systems; radiological health services to protect the public from harmful ionizing and other radiation; administration of the Food, Drug and Cosmetic Act to prevent adulterated, misbranded or toxic foods from being sold or served to the public; licensing and inspection of food service establishments, markets, manufacturers and locker plants; regulation and inspection of swimming pools; approval of plans for construction of schools and subdivisions; enforcement of health regulations applicable to hostelrys and campgrounds; registration of professional sanitarians; microbiology and chemical laboratory services; and public health education.

Objectives. Environmental degradation is one of the major issues of the day. Objectives of environmental control are to control and reduce pollution and protect the public's health from man-made and naturally-occurring hazards in the environment.

Target Groups. Although individual services are aimed at specific target groups, the beneficiaries of the total environmental control program are the citizens of Montana and visitors to the state.

Achievements.

General Sanitation. No major outbreaks of food-borne illnesses were reported during the year. In addition, there were no illnesses reported from swimming pools. A small state staff, working with county and city officials, managed to obtain sanitarian services in all but 13 counties, thereby providing coverage for 93 percent of the state's population. Plans for 81 new subdivisions were reviewed and the enforcement of regulations has prevented subdivisions from being located in places not suitable for dwelling, greatly improving the over-all quality of subdivisions in Montana. The number of new sub-

ANALYSIS OF PROGRAMS

ENVIRONMENTAL CONTROL (Continued)

Achievements. (Continued)General Sanitation. (Continued)

divisions has been increasing by about 16 percent each year and by 1975, it is expected that there will be 175 new subdivisions annually in Montana.

Water Pollution Control. Montana adopted a comprehensive water pollution law in 1955. Since that time, more than 1,000 miles of streams have been upgraded by improved municipal and industrial treatment facilities, with municipalities alone spending \$18 million for waste treatment. At present, all municipalities and industries have at least the equivalent of primary treatment and 137 of 160 plants have secondary treatment. The remaining plants must install secondary treatment. As a result of water pollution control activities during the past fiscal year:

--New sewage treatment lagoons were installed in Albertain, Ballantine, Broadview, Frazer, Jordan, Lavina, Lolo, Plentywood, Superior and Winnett.

--New secondary treatment plants were completed at Butte and Malmstrom, and others are under construction at Bozeman and Columbia Falls.

--Chlorination of sewage effluents was initiated at Ekalaka and Harlem.

--The ponding system used by the Anaconda Company for the Butte-Anaconda operation was improved and planning begun for a new treatment system.

--Additional facilities for the treatment of sewage and the reduction of metallic wastes were put in operation at the Anaconda Company, Great Falls.

--Oil removal facilities were completed at the Burlington Northern Railway shops, Livingston, and the company improved their waste treatment facilities at Whitefish.

--A mechanical debarker to replace a hydraulic debarker was installed by the Diamond National Corporation, Superior, eliminating wastes from this source.

--Hoerner-Waldorf at Missoula completed its solids removal facilities, as did the Zonolite Division of the W. R. Grace Company, Libby.

--Secondary treatment facilities were completed by the Phillips Petroleum Company.



ANALYSIS OF PROGRAMS

ENVIRONMENTAL CONTROL (Continued)

Achievements. (Continued)Water Pollution Control. (Continued)

--Improved treatment facilities were put in operation by the St. Regis Paper Company, Libby.

--New waste treatment facilities were constructed by Vollmer Slaughterhouse, Bozeman, and Tolman's Meat Processing Service, Hamilton.

--More than 100 persons attended the annual school for water and waste-water plant operators at Montana State University, the largest attendance ever recorded.

Pesticide Control. A pesticide demonstration program was initiated. Its purposes: to determine the types and volume of pesticides used and sold in Montana; to collect data on morbidity and mortality from pesticide poisoning; review enacted and proposed legislation; determine present practices and establish guidelines on disposal, storage and transportation of pesticides; assess environmental contamination caused by pesticides in Montana; and provide training for persons using and dealing in pesticides. The program was funded by a federal grant. Considerable information was compiled on the usage of pesticides in Montana, as well as the amount of pesticide residue in human tissues and serum, and poisonings. Assistance was provided the Legislative Council Subcommittee on Pesticides in drafting proposed new pesticide control legislation, and information given to organizations and individuals on the types of pesticides and problems with their use. Two air sampling stations to determine the amount of pesticides in the air were put in operation.

School Construction. By law, county treasurers cannot release funds for school construction until plan approval has been received from the State Department of Health. While some minor repairs and remodeling may be done without prior approval, this type of enforcement insures that all plans for new construction and major additions are reviewed and approved. Enforcement of regulations has prevented classrooms from being located in poorly designed trailers without adequate heat, in remodeled coal bins and similar places. It has eliminated many of the health hazards involving poor air and lighting, improper plumbing, drafts and related problems. During the fiscal year, 83 school plans were reviewed.

Public Water Supplies. Surveillance was maintained over all public water supplies in the state with the result that more than 400,000 of the 460,000 persons served by municipal systems in Montana have water meeting U. S. Public Health Service standards. The other 60,000 have water that generally would be considered safe except that it does not meet all of the quality standards.



ANALYSIS OF PROGRAMS

ENVIRONMENTAL CONTROL (Continued)

Achievements. (Continued)

Solid Waste Disposal. During the fiscal year, 79 inspections of refuse disposal areas were made. At the time of passage of the Montana Solid Waste Disposal Act, in 1965, there was not a single proper solid waste disposal area in the entire state. At present, through efforts of the program, there are at least 14 proper disposal sites. Also, the first phase of a survey of existing conditions and amounts of solid wastes disposed of in various localities was completed and published.

Transient Housing. Hotels in the state that were considered firetraps are either being remodeled or have been closed. General sanitation has been greatly improved.

Food, Drug and Cosmetic Act. Hamburger and other ground meats were checked for adulteration by water, fat and various chemicals which either add to the weight or give the appearance of being fresher than the meats really are. Grains adulterated with pesticides were embargoed in the elevators. Frozen and damaged foods were embargoed twice.

Sanitarians' Registration Council. Only qualified personnel were employed as sanitarians, thereby providing Montana's taxpayers with a greater degree of efficiency for dollars spent. At the end of the fiscal year, there were 62 sanitarians registered in Montana, all but a few of whom are employed by state, county or city government.

Industrial Hygiene. The one staff industrial hygienist made 117 visits to establishments employing some 8,600 workers. Field samples revealed that many workers are exposed to environmental stress situations, including toxic substances at levels exceeding the threshold limit value and other standards established by the American Conference of Governmental Industrial Hygienists. For example, some toxic gases measured ranged up to lethal concentrations, even for short exposure times. In all cases, workers were expected to continue at their tasks under these conditions. In some cases, possible fatalities were averted, probably because workers left their areas in defiance of orders, or because of actions of the industrial hygiene program in recommending control of hazards and the potential for fatalities.

Radiological Health. Some 239 samples of air, precipitation, surface water and milk were taken as the state continued its participation in the national surveillance networks. Ninety-one x-ray units were surveyed, revealing 125 deficiencies that affected approximately 400 patients weekly. Thirty-two deficiencies were corrected during surveys and the majority of owners agreed to correct the other deficiencies. In addition to providing protection for patients, these corrections reduced the amount of radiation exposure to more than 60 persons occupationally exposed to x-ray radiation.



ANALYSIS OF PROGRAMS

ENVIRONMENTAL CONTROL (Continued)

Achievements. (Continued)Radiological Health. (Continued)

Copies of the "Montana Radiological Health Emergency Plan" were distributed to all individuals and organizations who might become involved in radiation emergencies and accidents. Blueprints and specifications were reviewed and reports detailing shielding requirements were prepared for diagnostic x-rays being constructed at 11 hospitals. Copies of "Radiation Protection in Educational Institutions" were distributed to each high school in the state. Eleven cold-cathode tubes were surveyed for excessive radiation at three high schools and a television projector at Eastern Montana College was checked for excessive emission.

Air Pollution Control. County air pollution control programs, provided for in the Clean Air Act, were established in Missoula and Yellowstone Counties, and control officers for administration of the open burning regulation were authorized in Missoula, Great Falls, Helena, Bozeman and the Flathead Valley. As a result, open burning was reduced considerably and further improvements are anticipated. Enforcement of air pollution regulations has resulted in many major industries installing new equipment or completing plans that will bring about significant reductions in pollution. Some examples:

--A particle board plant is nearing completion in Missoula which should take a major portion of wastes burned in teepee burners.

--Plans and specifications for a significant improvement in operations of the pulp mill in Missoula were submitted. Although these modifications may take from a year and a half to three years to completion, the result will be a substantial reduction in emissions, both in odor and particulates.

--At the Laurel Refinery, in Billings, a sulphur recovery plant was installed to recover a substantial amount of sulphur dioxide that was previously emitted into the air.

--Also, at Billings, the Humble Refinery and the Montana Sulphur and Chemical Company combined to improve their operations for the recovery of hydrogen sulphide or other sulphur oxide gases, thus reducing sulphur dioxide emissions.

--Work progressed at the aluminum plant in Columbia Falls to reduce the quantity of fluorides, which are substantially excessive in that area, and also to reduce the quantity of particulates emitted from that source.

--Substantial improvements were registered by the Plum Creek Lumber Company which installed collection devices on their boilers.

--A large number of asphalt plants throughout the state have or will install scrubbers which will assure a great reduction in the vast quantities of dust emitted from these operations.



ANALYSIS OF PROGRAMS

ENVIRONMENTAL CONTROL (Continued)

Achievements. (Continued)Air Pollution Control. (Continued)

Designed to improve teepee burner operations, several seminars for lumber mill operators from throughout the state were held with good attendance and favorable responses. During the year, regulations controlling teepee burners became effective. Many teepee burners have installed improvements bringing operations into compliance and indicating that the procedure is economical and technically feasible. Other operations, particularly where the equipment was old, have shut down. A definitive air pollution study was conducted in the East Helena area to measure present and potential effects on health from heavy metals such as lead, cadmium, arsenic and sulphur dioxide. The report on this study should be available in 1970.

Microbiology Laboratory. A total of 16,903 tests were made of public and private water supplies, and those of governmental facilities and schools, and microbiological tests on stream samples in support of water pollution control. Some 1,044 tests for microbiological control on frozen desserts and manufacturing milk were made. Thirteen tests of food suspected of causing illness in man were completed.

Health Education. Educational pamphlets were developed on several phases of environmental pollution for distribution to the public, including elementary, high school and college students. Assistance was provided various divisions in environmental control in working through mass media in informational efforts concerning problems, and health educators participated in planning and organizing a seminar on pesticides.

Cost and Performance Summary. The following data are presented in summary form. Additional supporting data are available on request.

.....FISCAL YEARS.....

	Historic 1968-69	Current 1969-70	Projected 1970-71
COST.....	\$320,910	\$394,462	\$486,848



ANALYSIS OF PROGRAMS

ENVIRONMENTAL CONTROL (Continued)

Cost and Performance Summary. (Continued)

PERFORMANCE:

	<u>1968-69</u>	<u>1969-70</u>	<u>1970-71</u>
No. of plants with approved sewage treatment	132	137	137*
Laboratory tests to protect public water supplies	17,077	16,903	18,000
Total Registered Sanitarians	50	62	67
% coverage by Industrial Hygiene services	5%	10%	15%
% Control of Air Pollution	30%	45%	60%
Total Sanitary Landfills	12	14	22
% of public water supplies meeting USPHS standards for Interstate Carriers	72%	78%	78 - 80%

*No further construction is contemplated until Montana's laws are changed.



PROJECT COSTS BY OBJECT OF
EXPENDITURE AND SOURCE OF FUNDING

1969-70 FISCAL YEAR

PROGRAM	MANAGEMENT SERVICES	
	OBJECT OF EXPENDITURE	
	Personal Services.....	\$188,785
	Operations.....	50,188
	Capital.....	3,188
	Grants.....	82,662
	Total Expended.....	\$324,823
	SOURCE OF FUNDING	
	General Fund.....	\$148,283
	Federal and Private Revenue Fund.....	94,319
	Public Health Grant Clearance.....	82,221
	Total Funding.....	\$324,823



PROJECT COSTS BY OBJECT OF
EXPENDITURE AND SOURCE OF FUNDING

1969-70 FISCAL YEAR

PROGRAM

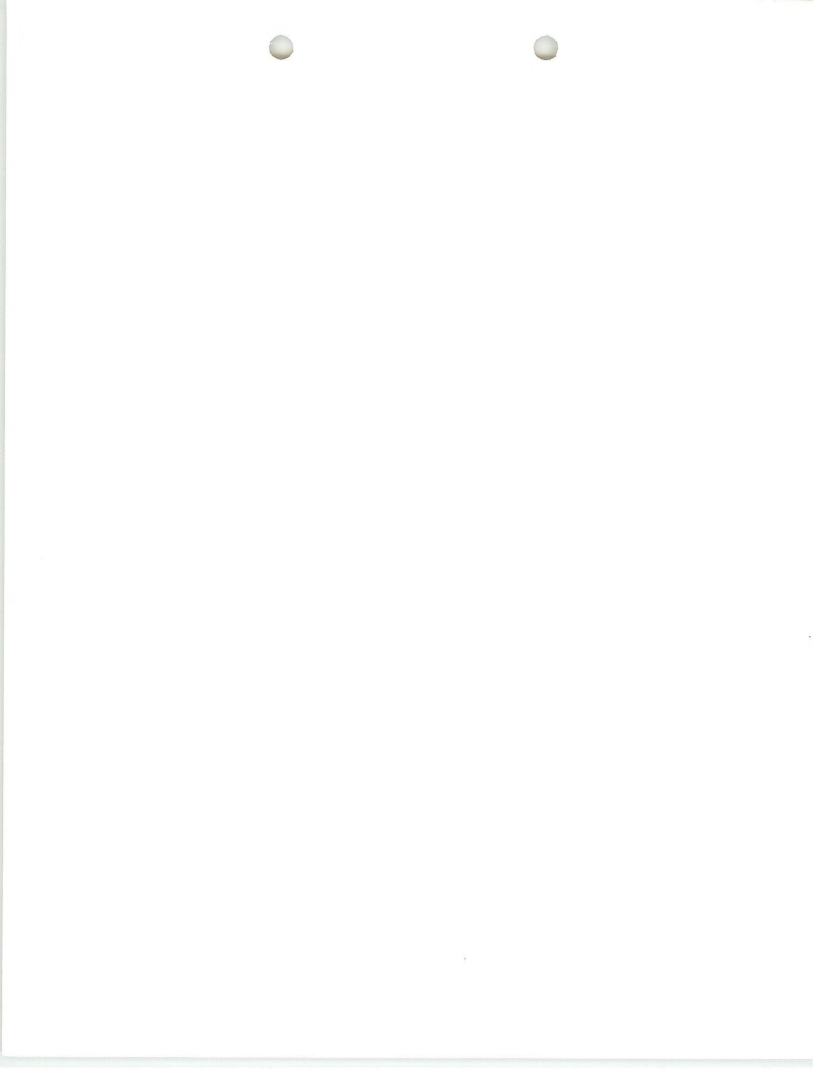
MATERNAL AND CHILD HEALTH

OBJECT OF EXPENDITURE

Personal Services.....	\$381,399
Operations.....	527,017
Capital.....	13,671
Grants.....	16,992
Total Expended.....	\$939,079

SOURCE OF FUNDING

General Fund.....	\$202,842
Federal and Private Revenue Fund.....	702,539
Public Health Grant Clearance.....	16,312
Heart and Chest X-Ray Federal and Private Revenue Fund.....	17,386
Total Funding.....	\$939,079



PROJECT COSTS BY OBJECT OF
EXPENDITURE AND SOURCE OF FUNDING

1969-70 FISCAL YEAR

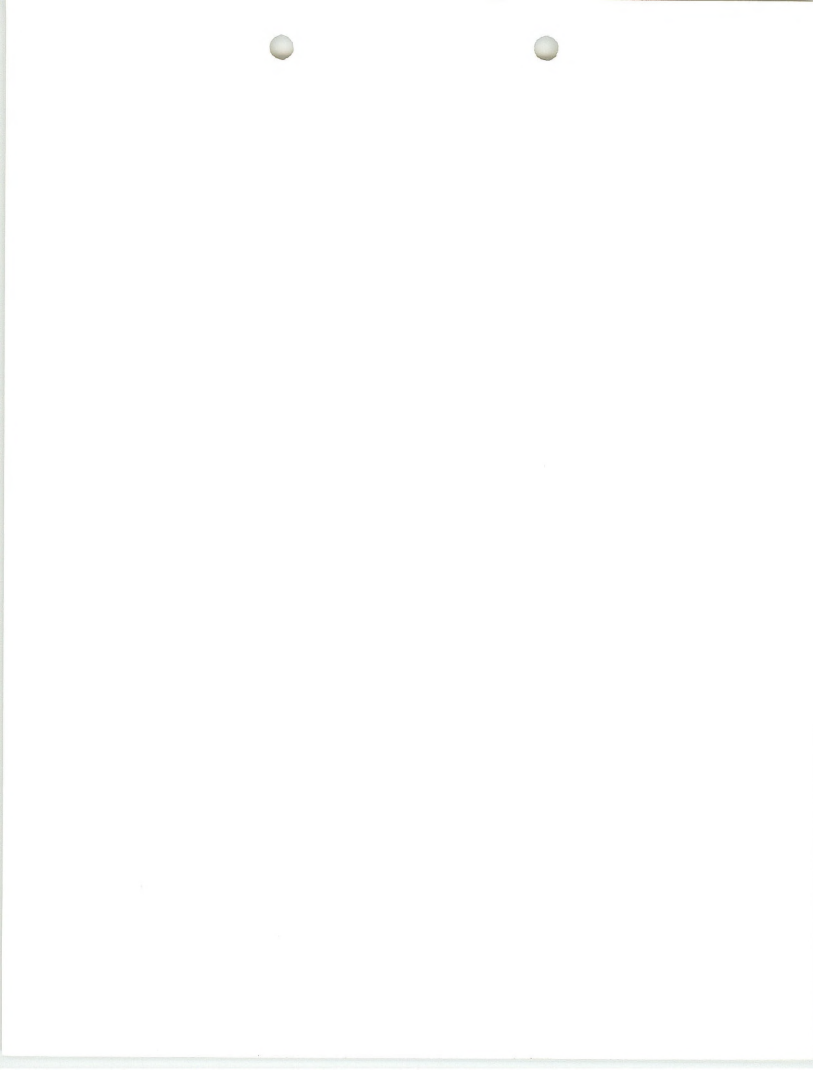
PROGRAM	COMMUNICABLE DISEASE CONTROL
OBJECT OF EXPENDITURE	
Personal Services..... Operations..... Capital..... Grants..... Total Expended.....	\$166,059 55,620 1,932 156 \$223,767
SOURCE OF FUNDING	
General Fund..... Federal and Private Revenue Fund..... Heart and Chest X-Ray Federal and Private Revenue Fund..... Total Funding.....	\$ 66,981 153,967 2,819 \$223,767



PROJECT COSTS BY OBJECT OF
EXPENDITURE AND SOURCE OF FUNDING

1969-70 FISCAL YEAR

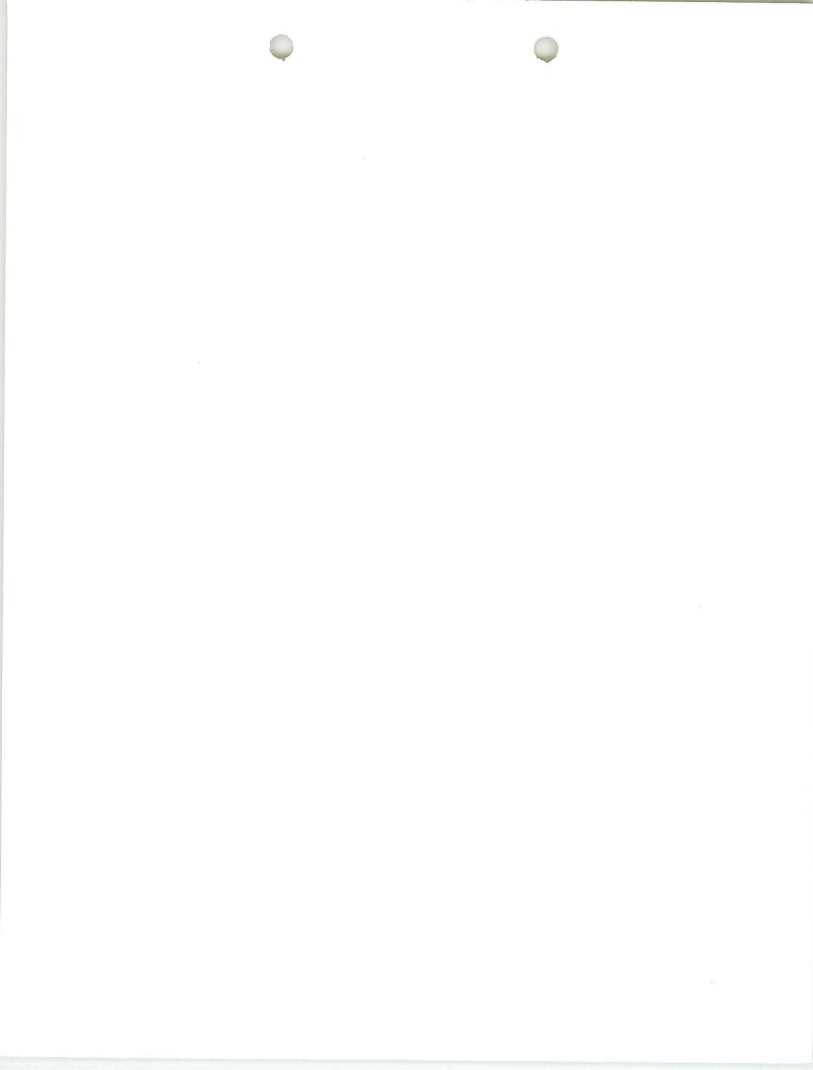
PROGRAM	ADULT HEALTH
OBJECT OF EXPENDITURE	
Personal Services..... Operations..... Capital..... Grants..... Total Expended.....	\$126,038 50,993 2,112 147 \$179,290
SOURCE OF FUNDING	
General Fund..... Federal and Private Revenue Fund..... Heart and Chest X-Ray Federal and Private Revenue Fund..... Total Funding.....	\$ 35,941 128,813 14,536 \$179,290



PROJECT COSTS BY OBJECT OF
EXPENDITURE AND SOURCE OF FUNDING

1969-70 FISCAL YEAR

PROGRAM	HEALTH CARE FACILITIES AND MANPOWER	
OBJECT OF EXPENDITURE		
Personal Services.....	\$235,678	
Operations.....	66,056	
Capital.....	2,293	
Grants.....	1,728	
Total Expended.....	\$305,755	
SOURCE OF FUNDING		
General Fund.....	\$101,782	
Federal and Private Revenue Fund.....	162,511	
Public Health Grant Clearance.....	1,668	
Heart and Chest X-Ray Federal and Private Revenue Fund.....	39,794	
Total Funding.....	\$305,755	



CROSSOVER MATRIX	NEW PROGRAM STRUCTURE							
	Program Cost 1969-70 FY	Management Services	Maternal & Child Health	Comm. Dis- ease Control	Adult Health	Health Care Fac. & Manpwr.	Compre. Health Planning	Environmental Control
PRESENT PROGRAM STRUCTURE								
ADMINISTRATION	\$165,668	\$145,788				\$19,880		
CHILD HEALTH SER.	656,889		\$656,889					
DENTAL HEALTH	46,012		46,012					
DISEASE CONTROL	426,011		153,504	\$132,666	\$125,778			\$14,063
ENVIRON. SAN.	118,875							118,875
HEALTH EDUCATION	64,722	13,138	28,930	1,062	21,593			
HOSPITAL & MEDICAL FAC.	181,881					181,881		
LABORATORIES DIVISION	140,331		7,895	86,878		8,079		37,479
LOCAL HEALTH SERVICES	106,435	86,304	20,131					
DIVISION OF NURSING	156,715		25,718	3,162	31,919	95,916		
RECORDS & STATIS.	79,593	79,593						
WATER POLLUTION CONT.	91,865							91,865
AIR POLLUTION CONT.	132,179							132,179
COMP. HEALTH PLANN.	92,603						\$92,603	
TOTAL	\$2,459,779	\$324,323	\$939,079	\$223,767	\$179,290	\$305,755	\$92,603	\$394,462

PROJECT COSTS BY OBJECT OF
EXPENDITURE AND SOURCE OF FUNDING

1969-70 FISCAL YEAR

PROGRAM	COMPREHENSIVE HEALTH PLANNING
OBJECT OF EXPENDITURE	
Personal Services..... Operations..... Capital..... Grants..... Total Expended.....	\$43,261 44,103 4,489 750 \$92,603
SOURCE OF FUNDING	
General Fund..... Federal and Private Revenue Fund..... Total Funding.....	\$ 9,885 82,718 \$92,603



PROJECT COSTS BY OBJECT OF
EXPENDITURE AND SOURCE OF FUNDING

1969-70 FISCAL YEAR

PROGRAM	ENVIRONMENTAL CONTROL
OBJECT OF EXPENDITURE	
Personal Services..... Operations..... Capital..... Grants..... Total Expended.....	\$298,154 71,039 21,953 3,316 \$394,462
SOURCE OF FUNDING	
General Fund..... Federal and Private Revenue Fund..... Transient Lodging (706 300)..... Heart and Chest X-Ray Federal and Private Revenue Fund..... Total Funding.....	\$181,924 207,651 4,739 148 \$394,462



PROJECT COSTS BY OBJECT OF
EXPENDITURE AND SOURCE OF FUNDING

1969-70 FISCAL YEAR

PROGRAM	SUMMARY OF ALL PROGRAMS	
	OBJECT OF EXPENDITURE	
	Personal Services.....	\$1,439,374
	Operations.....	865,016
	Capital.....	49,638
	Grants and Benefits.....	105,751
	Total Expended.....	\$2,459,779
SOURCE OF FUNDING		
	General Fund.....	\$ 747,639
	Federal and Private Revenue Fund.....	1,532,518
	Public Health Grant Clearance.....	100,201
	Transient Lodging (706 300).....	4,739
	Heart and Chest X-Ray Federal and Private Revenue Fund.....	74,682
	Total Funding.....	\$2,459,779

